

No. 300
10-48

21632

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 20 1952

BIRTH NO. _____ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 6046 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY St Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Callaway

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Callaway 0920

c. LENGTH OF STAY (In this place) 17 years

d. STREET ADDRESS (If rural, give location) 5 miles East of New Mella

3. NAME OF DECEASED
a. (First) Joseph b. (Middle) Henry c. (Last) Klein

4. DATE OF DEATH (Month) (Day) (Year) June 9 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 21, 1896

9. AGE (In years last birthday) 56

IF UNDER 1 YEAR (Month) (Day) (Hour) 2 18

IF UNDER 24 HRS. (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm er

10b. KIND OF BUSINESS OR INDUSTRY Stock Farm

11. BIRTHPLACE (State or foreign country) Austria 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter Klein

13b. MOTHER'S MAIDEN NAME Magdalene Wolf

14. NAME OF HUSBAND OR WIFE Wilhelmina Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 488-26-0197

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Joseph Klein

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism Coronary Artery
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolism
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 hour

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1951, to June 9, 1952; that I last saw the deceased alive on June 9, 1952; and that death occurred at 7 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Crede W. Nee M.D.

23b. ADDRESS Wentzville, Mo

23c. DATE SIGNED 6-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/11/52

24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. June 16/52

REGISTRAR'S SIGNATURE Walter J. Huff 405

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marvin Neuschlag Wentzville, Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

920

2007 07 001

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.