

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21850

State File No. _____
Registrar's No. **5594**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

I. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St. Louis,**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Bethesda Hospital.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri,** b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis,**
d. STREET ADDRESS (If rural, give location) **15 4628 Nebraska Ave.,**

3. NAME OF DECEASED
a. (First) **Kate** b. (Middle) **-----** c. (Last) **Claudius**
4. DATE OF DEATH **June 16, 1952**

5. SEX **Female,** **6. COLOR OR RACE** **White,** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **Widowed,** **8. DATE OF BIRTH** **April 4, 1862** **9. AGE** (In years last birthday) **90** **IF UNDER 1 YEAR** Months _____ Days _____ **IF UNDER 24 HRS.** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home,** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (State or foreign country) **Iowa,** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **UnKnown,** **13b. MOTHER'S MAIDEN NAME** **UnKnown,** **14. NAME OF HUSBAND OR WIFE** **Charles Claudius,**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Julia M. Kipp,** **ADDRESS** **4082 Haven St.,**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fracture left femur**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Senile dementia**
DUE TO (c) **Advanced Arterio-Sclerosis 10 yrs**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **June 2** **19b. MAJOR FINDINGS OF OPERATION** **Case applied. rod of J 11** **20. AUTOPSY?** YES NO

21a. INCIDENT (Specify) **Accident** **21b. PLACE OF INJURY** (e.g. in or about home, farm, factory, street, office bldg., etc.) **home** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **St Louis E9020 MO**
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **Fell out of bed trying to get up**

22. I hereby certify that I attended the deceased from **Sept 1951** **to** **June 16, 1952,** that I last saw the deceased alive on **June 14, 1952,** and that death occurred at **2:10 A.M.** of **from** the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Kupper Plump M.D.** **23b. ADDRESS** **3933 S Grand** **23c. DATE SIGNED** **June 16 1952**

24a. BURIAL, CREMATION, REMOVAL **Removal** **24b. DATE** **6/18/52** **24c. NAME OF CEMETERY OR CREMATORY** **Sunset Burial Park,** **24d. LOCATION** (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **JUN 17 1952** **REGISTRAR'S SIGNATURE** **J. Earl Smith M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Gebken-Benz Mortuary,** **ADDRESS** **2842 Meramec St., St. Louis, Mo.**

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

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4249

2842 Meramec St.

P. O. Address St. Louis, 18, Mo.

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.