

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25456**

Blumen
FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **153**

1. PLACE OF DEATH a. COUNTY ST. CHARLES 0923		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. ST. CHARLES COUNTY b. CITY OR TOWN ST. CHARLES 0	
b. CITY OR TOWN ST. CHARLES		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		d. STREET ADDRESS (If rural, give location) 700 No 5TH	

3. NAME OF DECEASED a. (First) JULIA b. (Middle) L c. (Last) KLUESNER			4. DATE OF DEATH (Month) (Day) (Year) 7-25-1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8-3-1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR: Months 11 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. CHARLES, MO.	
13a. FATHER'S NAME FREDERIC SCHERMANN			13b. MOTHER'S MAIDEN NAME CHARLOTTE BOEHLNER		14. NAME OF HUSBAND OR WIFE WM J. KLUESNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Montgomery Kluesner ADDRESS St. Charles, Mo.			
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized		
	DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from **July 22, 1952**, to **July 25, 1952**, that I last saw the deceased alive on **July 25, 1952**, and that death occurred at **8:00 p. m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Don L. Randall, M.D.		23b. ADDRESS 207 N. 5th St. Charles, Mo.		23c. DATE SIGNED July 25, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-28-1952	24c. NAME OF CEMETERY OR CREMATORY ST JOHN'S CEMETERY	24d. LOCATION (City, town, or county) (State) ST. CHARLES, MO.	
DATE REC'D BY LOCAL REG. 7-30-52	REGISTRAR'S SIGNATURE Hannie Heuvel	25. FUNERAL DIRECTOR'S SIGNATURE Hackmann - Bone	ADDRESS St. Charles	

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles J. Macke

Licensed Embalmer No. 4530

P. O. Address St. Charles, 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.

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