

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26684

State File No. _____
Registrar's No. 1830

BIRTH NO. III 31 1052 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590

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

1. PLACE OF DEATH a. COUNTY Saint Louis <u>4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <u>2069</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Rest Home		d. STREET ADDRESS (If rural, give location) 5959 Wabada Avenue, 12,	
3. NAME OF DECEASED a. (First) Vernie (Type or Print) b. (Middle) E. c. (Last) Klanke			4. DATE OF DEATH (Month) (Day) (Year) July 1st, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 13th, 1879.
9. AGE (In years last birthday) 72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Jacob Broyles	
13b. MOTHER'S MAIDEN NAME Mary Martin		14. NAME OF HUSBAND OR WIFE Harry G. Klanke	
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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Harry G. Klanke, 5959 Wabada Avenue, 12		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic Cardiovascular disease			unknown
DUE TO (c) arteriosclerotic dementia			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis old			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 13, 1952 , to July 1, 1952 , that I last saw the deceased alive on July 1, 1952 , and that death occurred at 8:50A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Deves Littmann M.D.		23b. ADDRESS 8231 Clayton Rd (17)	
23c. DATE SIGNED 7/3/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/5/52	24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. 7-3-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.	

Sublicensed Embalmer's Statement on Reverse Side

FILE IN ST. LOUIS COUNTY.

Hours 3:00 P. M. to 5:00 P. M.

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 Ralph E. Zander

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.