

STANDARD CERTIFICATE OF DEATH

29119

State File No. \_\_\_\_\_

FILED AUG 25 1952

BIRTH NO. 57637 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 2258 Registrar's No. 121

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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Florissant</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>5 Orchard Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>LeRoy</b>		c. (Last) <b>Kleinschmidt, Jr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8-21-52</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>8-20-52</b>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months   Days		IF UNDER 24 HRS. Hours   Min.		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			

13a. FATHER'S NAME <b>John LeRoy Kleinschmidt</b>		13b. MOTHER'S MAIDEN NAME <b>Vivian R. Franck</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John LeRoy Kleinschmidt</b>	
				ADDRESS <b>5 Orchard Dr. Florissant, Mo</b>	

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) <b>Fraternality</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <b>Unknown</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>---</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>776x</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>---</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>---</b>	

22. I hereby certify that I attended the deceased from 8-20-, 19 52, to 8-21-, 19 52, that I last saw the deceased alive on 8-21-52, 19 ---, and that death occurred at 4A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Marion D. Bishop</i> M.D.		23b. ADDRESS <b>St. Francois St. Florissant, Missouri</b>		23c. DATE SIGNED <b>8-21-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUG 21, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. CHARLES BORROMEO</b>	
				24d. LOCATION (City, town, or county) (State) <b>ST. CHARLES, MO</b>	

DATE REC'D BY LOCAL REG. <b>8-21-52</b>		REGISTRAR'S SIGNATURE <i>Francis Hamilton</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.C. Dalmeyer &amp; Sons - St. Charles, Mo</b>	
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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 \_\_\_\_\_

working under my personal supervision.

*Not Embalmed*

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Herbert C. Dallmeyer*

Licensed Embalmer No. *4546*

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.