

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32657

State File No.

RECORDED SEP 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>306</u>		PRIMARY REG. DIST. NO. <u>6048</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Charles</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u>		c. LENGTH OF STAY (in this place)		a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Institute</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u> <u>8922</u>			
d. STREET ADDRESS <u>St. Mary's Institute</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Sr. M. Ida Kluth</u>		b. (Middle)		c. (Last)		6. COLOR OR RACE <u>White</u>	
(Type or Print)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 6, 1864</u>		9. AGE (in years last birthday) <u>88</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teaching</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Loon Creek, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gottfried Kluth</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Harmer</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>St. Mary Alicia, L.P.S. O'Fallon, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>					
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypostatic Pneumonia</u>					
		DUE TO (c) <u>generalized Cardio-vascular</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>4221</u>	
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 <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 _____, 19 <u>57</u> , to <u>Sept 12</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Sept 12</u> , 19 <u>57</u> , and that death occurred at <u>12:45 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>George R. Sasaki M.D.</u> (Degree or title)				23b. ADDRESS <u>O'Fallon Mo.</u>		23c. DATE SIGNED <u>9-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept. 15, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Convent Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>O'Fallon Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-15-52</u>		REGISTRAR'S SIGNATURE <u>E. A. Keithly</u> <u>230</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Hallmeyer & Sons</u> ADDRESS <u>St. Charles, Mo.</u>			

(If licensed Embalmer's Statement on Reverse Side)

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

1952
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
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.