

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33111

State File No. 8064  
Registrar's No. 8064

S. No. 300  
REV. 10.48

~~FILED~~ OCT 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy Mo. 4181	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospt.		d. STREET ADDRESS (If rural, give location) 8027 Glen Echo Dr.	

3. NAME OF DECEASED (Type or Print) a. (First) Leomora b. (Middle) E c. (Last) Klatt			4. DATE OF DEATH (Month) (Day) (Year) Aug. 22 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 22 1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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 (City and State or Foreign Country) Boonville, Mo. U		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Otto A Klatt		13b. MOTHER'S MAIDEN NAME Barbora Meisel		14. NAME OF HUSBAND OR WIFE	
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Dischinger 8027 Glen Echo Dr.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		Interval between onset and death 3 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal obstruction 18 days			

19a. DATE OF OPERATION 9/16/52		19b. MAJOR FINDINGS OF OPERATION necrosis of terminal ileum pelvic abscess		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? 45 200	
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22. I hereby certify that I attended the deceased from 8/5/1947 to 8/22/1952, that I last saw the deceased alive on 8/22/1952 and that death occurred at 6:45P m., from the causes and on the date stated above.

23a. SIGNATURE Edw. F. Sievers, M.D. (Degree or title)		23b. ADDRESS 634 N. Grand Ave		23c. DATE SIGNED 8/23/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 25 1952		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Boonville, Missouri	
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DATE REC'D BY LOCAL REG. AUG 26 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Edward Sievers  
Mo. The. Bldg.  
11-2PM  
Je. 2413

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

*John J. Harris*

Licensed Embalmer No. *4408*

P. O. Address *J. Harris 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.