

LED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43561

State File No. ....

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 11492

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>6169 Tennessee</b>			
3. NAME OF DECEASED (Type or Print) <b>(Gussie) Augusta Kleintopf</b>		a. (First) _____		b. (Middle) <b>Kleintopf</b>		c. (Last) _____	
4. DATE OF DEATH <b>12-13-52</b>		(Month) _____ (Day) _____ (Year) _____		5. SEX <b>female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Apr. 17, 1893</b>		9. AGE (In years last birthday) <b>59</b>		10. IF UNDER 1 YEAR: Days _____ Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>timekeeper, Scruggs Vandeventer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
13a. FATHER'S NAME <b>Adolph Kleintopf</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Rausch</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Oscar Kleintopf 6169 Tennessee</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF BREAST WITH METASTASIS TO LUNGS &amp; BRAIN</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 mos.</b>	
19a. DATE OF OPERATION <b>Sept 1952</b>		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF BREAST</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY <b>5:55 PM</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>170X</b>				22. I hereby certify that I attended the deceased from <b>Sept</b> , 1952, to <b>Dec</b> , 1952, that I last saw the deceased alive on <b>Dec 13</b> , 1952, and that death occurred at <b>2 P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>J. C. Middleton</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>462 N. Taylor</b>		23c. DATE SIGNED <b>12/13/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-15-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hiram Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 15 1952</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>6322 S. Grand Blvd.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4243

P. O. Address 6322 A/You

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.