

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

544
44030
(State File No.)

FILED DEC 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>597</u>		Registrar's No. <u>3217</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Kirkwood Mo</u>		c. LENGTH OF STAY (in this place) <u>None</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood Mo 4723</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bigbend & Barrett rdSta</u>				d. STREET ADDRESS (If rural, give location) <u>Bigbend & Barrett Sta RD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aloysius</u>		b. (Middle) <u>Kleinhoffer</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Now Married</u>		8. DATE OF BIRTH <u>Apr. 13, 1886</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Realtor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Kleinhoffer</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Deutsch</u>			14. NAME OF HUSBAND OR WIFE <u>Rose</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Rose Kleinhoffer BigBend & Barrett</u>			
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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>Mitral Stenosis</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>410X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min)		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 <u>Oct. 2, 1947</u> to <u>Dec 16, 1952</u> , that I last saw the deceased alive on <u>Dec 16, 1952</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. D. Stoelke M.D.</u>				23b. ADDRESS <u>102 N. Adams, Kirkwood</u>		23c. DATE SIGNED <u>12-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/19/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Entombment</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-17-52</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Douke - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan</u>		ADDRESS <u>2849 N. Euclid ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-58

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