

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3357

State File No. ....

0066

FILED JAN 28 1953

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 28 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2039
d. FULL NAME OF HOSPITAL OR INSTITUTION 6825 Balson Ave.			d. STREET ADDRESS (If rural, give location) 6825 Balson Ave.		
3. NAME OF DECEASED (Type or Print) ANNAL			a. (First)	b. (Middle)	c. (Last) KLETZKE
4. DATE OF DEATH Jan 1st, 1953		(Month)	(Day)	(Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 12th 1884	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 9
IF UNDER 24 Hrs. Days 19	IF UNDER 12 Hrs. Hours 1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Austria	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frederic Sischa		13b. MOTHER'S MAIDEN NAME Marie Schober		14. NAME OF HUSBAND OR WIFE Max Kletzke	
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 Ella Kletzke		
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>chronic myocarditis</u>  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. <u>Chronic cholecystitis</u> <u>cholelithiasis</u>		INTERVAL BETWEEN ONSET AND DEATH 5 months          4 years
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4222		
22. I hereby certify that I attended the deceased from <u>July 26, 1952</u> , to <u>Jan 2, 1953</u> , that I last saw the deceased alive on <u>Jan 2, 1953</u> , and that death occurred at <u>6 P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Vincent J Townsend</u>			23b. ADDRESS <u>3101<sup>9</sup> Section Ave Maplewood Mo</u>		23c. DATE SIGNED <u>1-4-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <u>1/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 5 1953 <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith <u>[Signature]</u>		ADDRESS Jay B. Smith Funeral Home 7456 Manchester, Maplewood, Mo.	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*H. J. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.