

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7699

State File No. _____
Registrar's No. **1506**

No. 300
10-48

FILED FEB 26 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 1506					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word HoSp.				d. STREET ADDRESS (If rural, give location) 18 4557 Chouteau Ave.									
3. NAME OF DECEASED (Type or Print)		a. (First) ELIZABETH		b. (Middle) E.		c. (Last) KLING		4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1953					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 13, 1882			9. AGE (In years last birthday) 71	10. MONTH (Year) _____	11. DAYS (Year) _____	12. HOURS (Min.) _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wrapper (Retired)			10b. KIND OF BUSINESS OR INDUSTRY Liggett & Myers Tob. Co.			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____					
13a. FATHER'S NAME Daniel Kling			13b. MOTHER'S MAIDEN NAME Josephine Schumacher			14. NAME OF HUSBAND OR WIFE _____							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-10-5945		17. INFORMANT'S SIGNATURE OR NAME Anna Schultz ADDRESS 4557 Chouteau Ave.									
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis present DUE TO (c) des Myocarditis chronic present						INTERVAL BETWEEN ONSET AND DEATH 2-3-53 3-8-52 3-8-52					
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing 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) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from 3-8-52 , 19____, to 2-6-53 , 19____, that I last saw the deceased alive on 2-6-53 , 19____, and that death occurred at 8:20 P.m. , from the causes and on the date stated above.													
23a. SIGNATURE John Flynn (Degree or title) Blind				23b. ADDRESS 1715 So 39th St. St. Louis, Mo.				23c. DATE SIGNED 2-7-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9, 1953		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.							
DATE REC'D BY LOCAL FEB 9 1953		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.							

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William B. White

Licensed Embalmer No. 428

P. O. Address 4228 So. Kings Highway

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.