

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15873**

No. 300
10-48

FILED APR 23 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3791**

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) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2159					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				d. STREET ADDRESS (If rural, give location) 15 4352 Tholozan Ave.							
3. NAME OF DECEASED (Type or Print) ELIZABETH			a. (First)		b. (Middle)		c. (Last) KLATT				
4. DATE OF DEATH Apr. 8 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH June 30, 1867			
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Herman Koenig			13b. MOTHER'S MAIDEN NAME Unknown Ulrich			14. NAME OF HUSBAND OR WIFE Late August Klatt					
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.		17. INFORMANT'S SIGNATURE OR NAME Peter Klatt 4352 Tholozan Ave.				ADDRESS			
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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) making the underlying cause last. DUE TO (b) gathered shock DUE TO (c) fractured Rt hip				INTERVAL BETWEEN ONSET AND DEATH Apr 5/53			
19a. DATE OF OPERATION Apr 16		19b. MAJOR FINDINGS OF OPERATION fractured & united						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.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 5/53 11:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell in hall way... F9030							
22. I hereby certify that I attended the deceased from Apr 5, 1953 , to Apr 8, 1953 , that I last saw the deceased alive on Apr 5/53 , and that death occurred at 10:55 P.M. , from the causes and on the date stated above. 21											
23a. SIGNATURE [Signature]				23b. ADDRESS 4273 S. Kingshighway		23c. DATE SIGNED 4/9-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 11, 1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
DATE REC'D BY LOCAL REG. APR 10 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.							

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 *Edwin A. M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address _____

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.