

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19581

State File No. _____
 Registrar's No. **4544**

FILED JUN 1 - 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3315 St. Vincent		e. STREET ADDRESS (If rural, give location) 2179 3315 St. Vincent	
3. NAME OF DECEASED (Type or Print) ETHEL		4. DATE OF DEATH (Month) (Day) (Year) May 2, 1953	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 28 1895	
9. AGE (In years Last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Jacksonville Ill.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME James Gaines		13b. MOTHER'S MAIDEN NAME Anna Barry	
14. NAME OF HUSBAND OR WIFE Walter E Klinke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Dean H. Nunes ADDRESS 3315 St Vincent	
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) Subdural Hematoma ANTECEDENT CAUSES DUE TO (b) Time, place, cause and manner of same DUE TO (c) cause not determined 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 no open Verdict	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE open Verdict	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		F9049	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1252A m., from the causes and on the date stated above: 48			
23a. SIGNATURE Patrick E Taylor (Degree or title) Crooner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 5.4.53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE May 5, 1953		24c. NAME OF CEMETERY OR CREMATORY National	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur ADDRESS 3125 Lafayette	
DATE REC'D BY LOCAL REG. MAY 4 1953		REGISTRAR'S SIGNATURE J. C. Smith	

(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.....
Signature of Student Embalmer

Signed *Jon B. Dolman*
Licensed Embalmer No. *4191*
P. O. Address *3125 Lejeune*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.