

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

26577

State File No. _____

FILED JUL 31 1953

Registrar's No. **5951**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 5951	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		a. STATE Missouri		b. COUNTY St. Louis	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 0 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1447 North Union Ave.,				d. STREET ADDRESS (If rural, give location) 1447 North Union Ave., 0			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) MINNETTE	b. (Middle) -----		c. (Last) KLEEBERG		June 13 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 10, 1901	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR 11 Days	IF UNDER 1 YEAR 1 Days	IF UNDER 1 HRS. 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Site Oil Co.		11. BIRTHPLACE (State or foreign country) Palmyra, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME William J. Kleeberg		13b. MOTHER'S MAIDEN NAME Wichelmina Geyser		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE, OR NAME Shedden B. Kleeberg			
				ADDRESS 1924 Geyser Ave., St. Louis, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Body badly decomposed.						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. No evidence of Trauma; found dead at his home at 1447 North Union Blvd. on June 14, 1953					when	
	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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7953			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Patrick E. Taylor Corbett (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6.15.53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 15, 53	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois		
DATE REC'D BY LOCAL REG. JUN 15 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE John Kauly ADDRESS E. St. Louis, Ill.			

E.P. (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. *None*

working under my personal supervision.

Student
Student Embalmer

Signed *Joseph Kasuly*

Licensed Embalmer No. *7541*

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.