

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27300**

BIRTH NO. **FILED JUL 23 1953** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1898**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hanley Hills		c. CITY OR TOWN Hanley Hills	
c. LENGTH OF STAY (in this place) 2 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1939 Raft Drive		e. STREET ADDRESS (If rural, give location) 1939 Raft Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Adele b. (Middle) c. (Last) Kleinman			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1953		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 24, 1872		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME John Sauer			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Robert Dcd.		
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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 Della Uffman				ADDRESS 1939 Raft Dr. St. Louis-14-Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Haemorrhage						3 days	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Liver DUE TO (c)						16 mths	
		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"/>	
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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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 15, 1952**, to **July 7, 1953**, that I last saw the deceased alive on **July 7, 1953** and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. G. F. ...		23b. ADDRESS 2573 Woodson		23c. DATE SIGNED July 9th	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-10-1953		24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	
				24d. LOCATION (City, town, or county) (State) Pattonville, Mo.	

DATE REC'D BY LOCAL REG. 7-9-53		REGISTRAR'S SIGNATURE Harbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE Barman Bros Inc.		ADDRESS 2504 Woodson Rd - Overland-14-Mo.	
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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 Me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oscar J. Mueller.....

Licensed Embalmer No. 3039.....

P. O. Address Overland Park.....

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.