

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29691**  
Registrar's No. **193**

FILED SEP 8 - 1953

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **310**PRIMARY REG. DIST. NO. **6081**Registrar's No. **193**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" St. Charles</b>		c. LENGTH OF STAY (In this place) <b>20 yr</b>	c. CITY OR TOWN <b>"Rural #1"</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dardenne Boat Harbor</b>			e. STREET ADDRESS (If rural, give location) <b>Dardenne Boat Harbor</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>George</b> c. (Last) <b>Klein</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 28 1953</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>8/3/1886</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Days <b>0</b> Hours <b>25</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Belleville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Jacob Klein</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Baumager</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Pete Gaerdner Belleville, Ill.</b>		
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) <b>Due to gunshot wound</b>  ANTECEDENT CAUSES <b>self-inflicted</b> DUE TO (b) <b>self-inflicted</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E976X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Charles, St. Chas. Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-28-53 8 P.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>self-inflicted</b>			
22. I hereby certify that I attended the deceased from <b>held inquest</b> , 19 <b>8-29-53</b> , to <b>8-29-53</b> , 19 <b>8-29-53</b> , that I last saw the deceased alive on <b>8-28-53</b> , and that death occurred at <b>8:00 P.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Marie Moschony</b>			23b. ADDRESS <b>Wentzville Mo</b>		23c. DATE SIGNED <b>Aug 29 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>8/29/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Belleville, Ill.</b>	
DATE REC'D BY LOCAL REG <b>Aug 29 1953</b>	REGISTRAR'S SIGNATURE <b>Francis Binella</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Ludwig Belleville, Ill.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 9 1959

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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.....

*Frank R. Malone*

Licensed Embalmer No.....

4834

P. O. Address.....

*St Charles*

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.