

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30135

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7367

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Fayette			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 9 days	c. CITY (If outside corporate limits, write RURAL and give township) 8120 OR TOWN St. Elmo 8		d. STREET ADDRESS (If rural, give location) no number	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist						
3. NAME OF DECEASED a. (First) Louisa b. (Middle) c. (Last) Klie			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 12, 1866		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md 1		
12. CITIZEN OF WHAT COUNTRY? U.S.A						
13a. FATHER'S NAME George Schmidt		13b. MOTHER'S MAIDEN NAME Fredericka Weber		14. NAME OF HUSBAND OR WIFE Harry Klie		
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 ADDRESS Lucille Cryder, St. Elmo Ill			
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) Hypertension in Malegiant ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) cerebral hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 yrs 12 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) H20.0			
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?			
22. I hereby certify that I attended the deceased from July 18, 1953, to July 27, 1953, that I last saw the deceased alive on July 27, 1953, and that death occurred at 11:55 P.M., from the causes and on the date stated above.						
23a. SIGNATURE D. J. Verdery M.D.			23b. ADDRESS 4500 Ohio St.		23c. DATE SIGNED July 28, '53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Belleville, Ill		
DATE REC'D BY LOCAL REG. JUL 29 1953		REGISTRAR'S SIGNATURE J. Carl Smith NO 2088		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas M. Burke East St. Louis, Ill		

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas M. Burke

Signed.....
Student Embalmer

Licensed Embalmer No.....2121.....

P. O. Address East St. Louis, Ill

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

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