

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33546

7990

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 6 4742 Greer Ave. 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 6 4742 Greer Ave.			
3. NAME OF DECEASED (Type or Print) Marie		a. (First)		b. (Middle) Helen		c. (Last) Klick	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 15th 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Feb. 18th, 1909		9. AGE (In years last birthday) 44		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 RES. HOUR MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Church Secretary		10b. KIND OF BUSINESS OR INDUSTRY Church		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John W. Klick, Sr.		13b. MOTHER'S MAIDEN NAME Adele M. Koellhoffer		14. NAME OF HUSBAND OR WIFE			
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. 499-34-2366		17. INFORMANT'S SIGNATURE OR NAME John W. Klick Sr. 4742 Greer Ave.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Adrenal cortical insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, left. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS 3 Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis				INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input checked="" 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) 602 X			
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 May 4, 1953 to Aug. 15, 1953, that I last saw the deceased alive on Aug 15, 1953 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) Shelle Eck M.D.				23b. ADDRESS 508 N. Grand		23c. DATE SIGNED Aug. 17, 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8/19/53		24c. NAME OF CEMETERY OR CREMATORY St. Peters		24d. LOCATION (City, town, or county) (State) Normandy, MO.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 17 1953 J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Fenwick		ADDRESS 3402 N. Kingshighway			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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
Student Embalmer

Signed

Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kingsley

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.