

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44312

FILED JAN 12 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11987**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>7 1/2 months</b>		c. CITY OR TOWN <b>Kirkwood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda General</b>		d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
		e. STREET ADDRESS (If rural, give location) <b>4203 R.R. 13, Box 1355, Kirkwood</b>			

3. NAME OF DECEASED (Type or Print) <b>ANNA E. KLUND</b>			4. DATE OF DEATH <b>Dec. 18, 1953</b>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 28, 1887</b>	9. AGE (In years last birthday) <b>66</b>	10. UNDER 1 YEAR Months <b>9</b> Days <b>20</b>	11. UNDER 1 HR. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Oakville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>John Meyers</b>	13b. MOTHER'S MAIDEN NAME <b>? Hollauer</b>	14. NAME OF HUSBAND OR WIFE <b>Louis J. Klund</b>			
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Louis J. Klund, R. 13, Kirkwood, Mo.</b>			
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Cervix with metastases</b>	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>				<b>undetermined</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) _____				
	DUE TO (c) _____				
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)
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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? <b>171X</b>
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22. I hereby certify that I attended the deceased from **5/7, 1953** to **12/18, 1953**, that I last saw the deceased alive on **12/17, 1953**, and that death occurred at **11:44p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. W. Parker M.D.</b>	23b. ADDRESS <b>4660 Maryland</b>	23c. DATE SIGNED <b>12/20/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/21/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Lucas Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sappington, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>DEC 21 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mr. Louis H. Gopp, Jr. Kirkwood Mo.</b>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Felindusand*

Licensed Embalmer No...303

P. O. Address *KuKu*

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.