

FILED MAY 3 1954 REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Rock Township</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</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>Home near Beck, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>Near Beck, Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louisa</b>		b. (Middle) <b>Kleinschmidt</b>	c. (Last) <b>Kleinschmidt</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 21, 1954</b>		5. SEX <b>F.</b>	
6. COLOR OR RACE <b>W.</b>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Mar 9, 1869</b>		9. AGE (In years last birthday) Months Days <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>John Hiller</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>August (Deceased)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gottfried Kleinschmidt Arnold, Mo.</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>Mr. Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arterio sclerosis</b>  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 <b>4-22-54</b>	
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) <b>Imperial Jefferson Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <b>Jan 1954</b> to <b>4-21-54</b> , 1954, that I last saw the deceased alive on <b>4-21-1954</b> , and that death occurred at <b>3:30 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Heidrich Mrs.</b>		23b. ADDRESS <b>Imperial Mo</b>	
23c. DATE SIGNED <b>4/22/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Apr. 25, 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Beck, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heiligtag Funeral Home Imperial, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-24-54</b>		REGISTRAR'S SIGNATURE <b>Ruth Jirsa 438</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**JEFFERSON COUNTY HEALTH DEPT.**  
**JEFFERSONBORO, MISSOURI**

DATE RECEIVED      APR 28 1954

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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 *Elmer Halbig*.....

Licensed Embalmer No. 35

P. O. Address *Jefferson*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.