

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19727**

FILED JUL 6 1954

0700

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

BIRTH NO. _____		REG. DIST. NO. <u>233</u>		PRIMARY REG. DIST. NO. <u>5813</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Rural - Upper Louisa</u> )		c. LENGTH OF STAY (In this place) <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellisville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 1/2 Mi. East Wellsville</u>				d. STREET ADDRESS (If rural, give location) <u>no street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LUCINDA</u>		b. (Middle) <u>-</u>		c. (Last) <u>KLEINSORGE</u>	
				4. DATE OF DEATH		(Month) <u>June</u> (Day) <u>28</u> (Year) <u>1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH	
						Aug. 20 1866	
				9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Arft</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Dorstin</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Boeckelman</u> ADDRESS <u>Wellsville</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>				<u>12 hours</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u>				<u>7</u>	
		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"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>June 27, 1954</u> to <u>June 27, 1954</u> , that I last saw the deceased alive on <u>June 27, 1954</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Wellsville, Mo.</u>		23c. DATE SIGNED <u>6/28/54</u>	
24a. BURIAL CREMATORY REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/30/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Ellisville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-30-54</u>		REGISTRAR'S SIGNATURE <u>W.S. Romanoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Wellsville</u>			

**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 A. B. Hells

Licensed Embalmer No. 1588

P. O. Address Hellersville Mo

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