

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31540

FILED SEP 27 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 7452 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville Town</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Hilda</u> b. (Middle) <u>Johanna</u> c. (Last) <u>Kleeschulte</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5 1887</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>4</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>Home duties</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Josephville MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Hy Schmucker</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ort</u>	
13c. NAME OF HUSBAND OR WIFE <u>Joseph L. Kleeschulte</u>		14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph L. Kleeschulte Wentzville MO</u>			
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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) <u>Myocardial Degeneration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>			<u>3yrs.</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) (Min.)	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 June 2, 1954, to Sept. 9, 1954, that I last saw the deceased alive on Sept. 9, 1954, and that death occurred at 11:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Borgesen D.O.</u>	23b. ADDRESS <u>Wentzville Missouri</u>	23c. DATE SIGNED <u>9-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick's</u>	24d. LOCATION (City, town, or county) (State) <u>Wentzville MO</u>
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DATE REC'D BY LOCAL REG <u>Sept 17 1954</u>	REGISTRAR'S SIGNATURE <u>Mark P. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ST. EPITHIAN FUNERAL HOME</u> (Licensed Embalmer's Statement on Reverse Side) <u>Wentzville MO</u>
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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 _____

Carlton J. Pitman

Student Embalmer No. 497

working under my personal supervision.

Student .. *Carlton J. Pitman* ..
Student Embalmer

Signed *Annetta M. Pitman*

Licensed Embalmer No. 3055

P. O. Address *Westville, 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.