

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3542

State File No.

FILED FEB 7 - 1955

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 8

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u> | |
| b. CITY OR TOWN <u>RURAL STE. GENEVIEVE</u> | | c. CITY OR TOWN <u>RURAL STE. GENEVIEVE</u> | |
| c. LENGTH OF STAY (In this place) <u>LIFE</u> | | d. STREET ADDRESS (If rural, give location) <u>STE. GENEVIEVE MO. STAL ROOM - 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STE. GENEVIEVE STAR ROOM 1</u> | | | |

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|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>JOHN</u> c. (Last) <u>KLEIN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28 1955</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JUNE 26 1901</u> | 9. AGE (In years last birthday) <u>53</u> | 10. IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>RIVER AUX VASSE MO 0</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>WILLIAM KLEIN</u> | | 13b. MOTHER'S MAIDEN NAME <u>JUSTINE JOGGERST</u> | | 14. NAME OF HUSBAND OR WIFE <u>FRIEDA STOLL</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Theda Klein, Ste. Genevieve, R.R. 1</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | |

| | | | |
|---|--|--|--|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Throat</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | | |

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|---|--|--|--|--|--|
| 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) <u>148X</u> | |
| 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 Feb 1, 1954, to JAN 28, 1955, that I last saw the deceased alive on JAN 26, 1955, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Robt. J. Anderson, M.D.</u> | | 23b. ADDRESS <u>Ste. Genevieve Mo.</u> | | 23c. DATE SIGNED <u>1-29-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>JAN 31 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. PHILLIP JAMES</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>RIVER AUX VASSE MO</u> | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Jan. 29, 1955</u> | | REGISTRAR'S SIGNATURE <u>Luille Basler 481</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Basler, Ste. Genevieve Mo</u> | |
| | | | | ADDRESS _____ | |

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 Edman F. Ecker

Licensed Embalmer No. 4740

P. O. Address Ste. Genesee, 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.