

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Normandy
c. LENGTH OF STAY (in this place) township) 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1531 Engelholm Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Normandy 418
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 1531 Engelholm

3. NAME OF DECEASED
a. (First) EMMA b. (Middle) L. c. (Last) KLEIMEIER
4. DATE OF DEATH (Month) (Day) (Year) March 24, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 25, 1876 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 1 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and State or Foreign Country) Troy, Ill. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred W. Seele 13b. MOTHER'S MAIDEN NAME Emma Hohenschild 14. NAME OF HUSBAND OR WIFE Henry F. Kleimeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Eugene Seele, 761 Harvard Ave. University City ADDRESS

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinsons Disease
ANTECEDENT CAUSES
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 350X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9/10, 1954, to 3/24, 1955, that I last saw the deceased alive on 3/21, 1955, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE H. F. Bergman (Degree or title) M.D. 23b. ADDRESS 3720 Washington 23c. DATE SIGNED 3/25/55

24. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/26/55 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 3/25/55 REGISTRAR'S SIGNATURE Hebech R. Ambrey 25. FUNERAL DIRECTOR'S SIGNATURE H. Popp ADDRESS 1614 Woodward Mo.

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 *Felix Howard*.....

Licensed Embalmer No. *302*.....

P. O. Address *1. K. K. K.*.....

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.