

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18223**

FILED JUN 24 1955

BIRTH NO. _____ REG. DIST. NO. **113** PRIMARY REG. DIST. NO. **5430** Registrar's No. **528**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis Co.	
b. CITY OR TOWN St Clair		c. CITY OR TOWN Maplewood	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 4004	

3. NAME OF DECEASED (Type or Print)	a. (First) Edwin	b. (Middle) Joseph	c. (Last) Kley Jr	4. DATE OF DEATH (Month) (Day) (Year) June 16 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH October 31 1942	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months 8 Days 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Webster Grove, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edwin J Kley	13b. MOTHER'S MAIDEN NAME Madeline Mueller	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edwin J Kley	ADDRESS 7423 E. Lindbergh
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning	DUE TO (b) in Meramec river		
ANTECEDENT CAUSES	DUE TO (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.	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 42	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Meramec river	21c. CITY, TOWN, OR TOWNSHIP St Clair COUNTY Franklin (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 16, 1955 4:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Got caught in undercurrent, I wear
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Kenneth L. Ottmann (Degree or title) coroner	23b. ADDRESS Seald, Mo.	23c. DATE SIGNED June 16, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE June 20 1955	24c. NAME OF CEMETERY OR CREMATORY St Peter Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
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DATE REC'D BY LOCAL REG. 6-24-55	REGISTRAR'S SIGNATURE Sigal H. Snider	25. FUNERAL DIRECTOR'S SIGNATURE Sherwood W. Kitchell ADDRESS St Clair, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1953

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 *Sherwood W. Kitchell*

Licensed Embalmer No. 387

P. O. Address St. Clair

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