

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35468

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2394

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>RICHMOND HEIGHTS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>239</u>
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>1923 CALIFORNIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>A.</u> c. (Last) <u>KLOCKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 16 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>JAN. 18 1884</u>
9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MALE NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. MARY'S HOSP.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>DAVID KLOCKE</u>		13b. MOTHER'S MAIDEN NAME <u>LIZZATTA SMITH</u>	14. NAME OF MUSBAND OR WIFE <u>ROSE KLOCKE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROSE KLOCKE</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		16. ADDRESS <u>1923 CALIFORNIA</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatitis, Pancreatitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
" ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute nephritis</u>			
DUE TO (c) <u>Pulmonary embolism</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>583X</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>465X</u>		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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>14 Oct</u> , 19 <u>55</u> , to <u>16 Oct</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>16 Oct</u> , 19 <u>55</u> , and that death occurred at <u>10:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>May of Hawk MD</u>		23b. ADDRESS <u>4660 Maryland</u>	23c. DATE SIGNED <u>19 Oct 55</u>
24a. BIRTHPLACE OF DECEASED <u>ST. LOUIS MO</u>	24b. DATE <u>OCT. 19 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. MO</u>
DATE REC'D BY LOCAL REG. <u>10-18-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donohue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Lurie 2906 Seawood</u>	

S. G. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

1115 - 12.45  
No 1-6575

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: *Samuel E. Hill*

Licensed Embalmer No. 4347

P. O. Address 2906 B

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.