

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38476**
 Registrar's No. **9891**

FILED NOV 18 1955 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN 915 N. Grand St. Louis, Mo.		c. LENGTH OF STAY (in this place) 15 Days		c. CITY OR TOWN Belleville 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 Veterans Administration Hospital		e. STREET ADDRESS (If rural, give location) 125 N. 38th Street			
3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) W. c. (Last) KLAUSS			4. DATE OF DEATH (Month) (Day) (Year) 11-9-55		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 3-17-87	9. AGE (In years last birthday) 68 yrs.	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) / Belleville, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis Klauss		13b. MOTHER'S MAIDEN NAME Mary Saeger	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 328034585	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL		ADDRESS St. Louis 6, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION ANTECEDENT CAUSES DUE TO (b) CORONARY ARTERY DISEASE <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Generalized Arteriosclerosis Passive congestion of lungs, liver and kidneys			INTERVAL BETWEEN ONSET AND DEATH 6 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) V.A.		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 10-27 , 19 55 , to 11-9 , 19 55 , and that death occurred at 12:30 P.M., from the causes and on the date stated above.					
23a. SIGNATURE <i>J. P. Kaminski</i>		J. P. Kaminski (Degree or title) M.D.		23b. ADDRESS VA HOSPITAL St. Louis 6, Mo.	
23c. DATE SIGNED 11-9-55		24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL		24b. DATE 11-10-55	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Belleville, Ill.			
DATE REC'D BY LOCAL REG. NOV 14 1955		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Gaerdner, Belleville, Ill.	

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.....
Ben G. Jones

Licensed Embalmer No. *4236*

P. O. Address.....
Jones

- 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.