No. 300
10.48

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

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6764

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1047

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 7wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Overland 420X 1X
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 8534 Forest Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): A.
c. (Last): Klute

4. DATE OF DEATH (Month) (Day) (Year): 1 - 28 -1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11 - 27 -1874
9. AGE (In years last birthday): 81 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rent Collector
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate Co.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: August Klute
13b. MOTHER'S MAIDEN NAME: Catherine Dreher
14. NAME OF HUSBAND/WIFE: Grace Klute

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Grace Klute, 8534 Forest Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bilateral Hydronephrosis — Bilateral hydronephrosis
DUE TO (c) Prostatic Hypertrophy — Prostatic hypertrophy

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 610X

19a. DATE OF OPERATION: 1-13-56
19b. MAJOR FINDINGS OF OPERATION: Prostatic Hypertrophy — Prostatic hypertrophy — ~~601X~~
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 10-4-, 1955, *to* 1-28-, 1956, *that I last saw the deceased alive on* 1-27-, 1956, *and that death occurred at* 2:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl J. Reis — (Degree or title) M.D.
23b. ADDRESS: 18 So. Kingshighway
23c. DATE SIGNED: 1-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/31/56
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: JAN 31 1956
REGISTRAR'S SIGNATURE: J. Carl Reis M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Drehmann-Harral 1905 Union Blvd.

M&B (Licensed Embalmer's Statement on Reverse Side)

Dr. O.P.J. Falk Mon. 11-5

18 S. Kingshighway

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert R. Thompso

Licensed Embalmer No. 4

P. O. Address

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