

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10617**
Registrar's No. **2875**

318**1003**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE					
b. CITY (If outside corporate limits, write RURAL, and give town(ship)) St. Louis,				c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. LENGTH OF STAY (in this place) 6yrs, 9mos				e. STREET ADDRESS (If rural, give location) 24 3300a Texas Ave. (rear) 2249					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital									
3. NAME OF DECEASED (Type or Print) a. (First) Louis C. Deyhle			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 20 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 21, 1862		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Ludwig Klotz			13b. MOTHER'S MAIDEN NAME Nanette Klotz		14. NAME OF HUSBAND OR WIFE Emily Klotz - died 1914 Julia ? " 1926				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* C. V. A. with hemiplegia left Cardio vascular arteriosclerosis with hemiplegia, left ANTECEDENT CAUSES DUE TO (b) H. C. V. D Hypertensive cardio vascular dis. DUE TO (c) Generalized arteriosclerosis Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 days 6 4/20 6 4 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 x				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 6/16/49 , 19___, to 3/20 , 19 56 , that I last saw the deceased alive on 3/20 , 19 56 , and that death occurred at 8:25 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE George Oster, M.D. (Degree or title)				23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED 3/20/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-22-56		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran		24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.			
DATE REC'D BY LOCAL REG. MAR 21 1956		REGISTRAR'S SIGNATURE Chas. F. Stuart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Stuart 1225 Union Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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 *Melvin J. Ken*.....

Licensed Embalmer No. *40*.....

P. O. Address *3505-6*
St. Louis 2

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