

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20976**

FILED JUL 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **5592** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL*JOACHIM</b>		c. CITY OR TOWN <b>RURAL, PETERS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MT. VIEW NURSING HOME</b>		e. STREET ADDRESS (If rural, give location) <b>MT. VIEW NURSING HOME</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EMILIA</b>	b. (Middle)	c. (Last) <b>KLAUS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 1 1956</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPTEMBER 23, 1871</b>	9. AGE (In years last birthday) <b>84</b>	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Days	12. UNDER 4 HRS. Hours	13. UNDER 8 HRS. Min.
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <b>housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HINAU</b>	13b. MOTHER'S MAIDEN NAME <b>MARIE KINEMANN</b>	14. NAME OF HUSBAND OR WIFE <b>----</b>
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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)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>E. H. STRUBBE</b>	ADDRESS <b>903 THORNBURY LANE</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <b>WIRKWOOD, MO.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 WK.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>		<b>Severely years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **9-12-1956**, to **7-1-56**, 19**56**, that I last saw the deceased alive on **7-1-**, 19**56**, and that death occurred at **3:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. H. Strubbe</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>112 Miss. Ave. Crystal City, Mo.</b>	23c. DATE SIGNED <b>7-2-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JULY 3, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. PETERS</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MO.</b>
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DATE REC'D BY LOCAL REG. <b>7-2-56</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN E. FEHNTZ</b>	ADDRESS <b>ST. LOUIS, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 10 1956

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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 *Ralph Lindess*.....

Licensed Embalmer No. *422*.....

P. O. Address *St. Louis*.....

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.