

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25595

State File No. _____

FILED JUL 26 1956

1612

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. _____			
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 OR TOWN <u>Koch, Mo.</u>)		c. LENGTH OF STAY (In this place) <u>15</u> days		c. CITY OR TOWN <u>St. Louis</u>		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 <u>Robert Koch Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>4221 a Virginia Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u>		b. (Middle) <u>George</u>		c. (Last) <u>Klein</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-56</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>5-8-98</u>			
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housepainting</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Klein</u>		13b. MOTHER'S MAIDEN NAME <u>Eleonor Heine</u>			
13a. FATHER'S NAME <u>George Klein</u>		13b. MOTHER'S MAIDEN NAME <u>Eleonor Heine</u>		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give branch and dates of service) <u>No</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give branch and dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-16-3681</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records Koch Hospital, Koch, Mo</u>		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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pulmonary Tuberculosis</u> 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 <u>Pulmonary Emhysema</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>(?)</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____			
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 <u>11-26</u> , 19 <u>54</u> , to <u>7-2</u> , 19 <u>56</u> that I last saw the deceased alive on <u>7-1</u> , 19 <u>56</u> , and that death occurred at <u>6:35a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. A. Harris</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Koch Hospital, Koch, Mo.</u>		23c. DATE SIGNED <u>7-2-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 5, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>S6. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-3-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Douberly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary</u> ADDRESS <u>2842 Meramec St. St. Louis, 18 Missouri</u>					

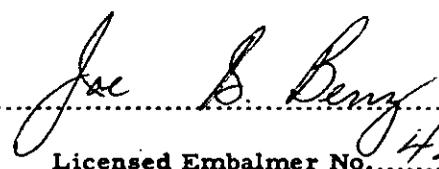
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

with reference to the individual 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.

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.....

 Licensed Embalmer No. 4246

P. O. Address 2842 Meramec St.
 St. Louis 18 Missouri

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.