

FILED AUG 24 1956

STANDARD CERTIFICATE OF DEATH

28681
State File No. _____
Registrar's No. 6544

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) years	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 16 3601 North Grand Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) FRED	b. (Middle) KLINHART	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 11, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH not known	9. AGE (In years last birthday) about 56	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant	10b. KIND OF BUSINESS OR INDUSTRY used furniture	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME not known	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE ---
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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) no known	16. SOCIAL SECURITY NO. not known	17. INFORMANT'S SIGNATURE OR NAME Marie McGuire	ADDRESS 3601 N. Grand
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bile Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Possible Rupture of Gallbladder		5 days
	DUE TO (c) Subtotal Gastrectomy for Duodenal Ulcer		3 Weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyloric Stenosis from Adenocarcinoma		2 mo	

19a. DATE OF OPERATION 6/18/56	19b. MAJOR FINDINGS OF OPERATION Gastric Hypertrophy from nearly Complete Stenosis	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 541-0
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22. I hereby certify that I attended the deceased from **June 13, 1956**, to **July 11, 1956**, that I last saw the deceased alive on **July 10, 1956** and that death occurred at **3:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Robert Jones M.D.	(Degree or title)	23b. ADDRESS 634 N. Grand Blvd	23c. DATE SIGNED 7/12/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 13, '56	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. JUL 13 1956	REGISTRAR'S SIGNATURE J. Robert Jones	25. FUNERAL DIRECTOR'S SIGNATURE W. M. [Signature]	ADDRESS 7146 Manchester Ave.
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(Licensed Embalmer's Statement on Reverse Side) **St. Louis, 17, Mo.**

WRITE PLAINLY—USING UNFADEING 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 *Frank Propp*.....

Licensed Embalmer No. *435*.....

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

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.