THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

STATE FILE NUMBER 7116

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 309

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester Mo — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Manchester Nurs Home — Length of stay in 1b 2½ Hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis
c. CITY OR TOWN Rich Hts 17 Mo 4495 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7748 Dale Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MATHILDE Middle Last LEHKY

4. DATE OF DEATH Month Jan Day 31 Year 1957

5. SEX F

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH May 4-1885

9. AGE (In years last birthday) 71 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (City and state or country) Checo Slovacia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Klein

14. MOTHER'S MAIDEN NAME Unknown

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. 318-12-1542

17. INFORMANT Margaret J Shaffman Address Doris Ave E St Louis Ill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 20 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy — Don't Know

DUE TO (c) Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senility 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 24 57, to Jan. 31, 57 and last saw her/him alive on Jan. 31, 57. Death occurred at 4:10 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph W. Taffey M.D.

22b. ADDRESS Box 122, Manchester, Mo

22c. DATE SIGNED 2/2/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb 4-1957

23c. NAME OF CEMETERY OR CREMATORY Laurel Hills Cem

23d. LOCATION (City, town, or county) St Louis City (State) Mo

24. FUNERAL DIRECTOR A H Bockloge ADDRESS 6536 Clayton Rd

25. DATE RECD. BY LOCAL REG. 2-2-57

26. REGISTRAR'S SIGNATURE Herbert B Domke MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be noted. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 41

P. O. Address St. L

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