

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15684

State File No.

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 929

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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Pine Lawn</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 mos.</u>	c. CITY OR TOWN <u>Bel-Ridge</u> <u>4190</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>G.</u> c. (Last) <u>KLANKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 7 1957</u>	
5. SEX <u>Male</u> 0 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>United Shoe Mach.</u>	
8. DATE OF BIRTH <u>Feb. 5, 1882</u>		9. AGE (In years last birthday) <u>75 yrs.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Louis Klanke</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Wamhoff</u>		14. NAME OF HUSBAND OR WIFE <u>Vernie E. Klanke (Broyles)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-01-7238</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leo Painter, 3421 Maybelle Dr. 21</u> ADDRESS	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Atherosclerotic encephalopathy unknown</u>		DUE TO (c) <u>Atherosclerotic Cardiovascular, unknown</u>	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Old Cerebral thrombosis</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		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) <u>4221</u>		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>Jan 24, 1957</u> , to <u>April 7, 1957</u> , that I last saw the deceased alive on <u>April 1, 1957</u> , and that death occurred at <u>7:32 A. m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Lewis Dittmann MD</u> (Degree or title)	
23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>4/8/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 10, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>4-8-57</u>		REGISTRAR'S SIGNATURE <u>Hubert B. Dombek</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ</u> ADDRESS <u>4828 Nat'l. Bridge Blvd. 15</u>	

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 *John A. Mlenar*.....

Licensed Embalmer No. *4188*

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.