

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25814

FILED AUG 5 1957

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>167</u>		
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>				
b. CITY OR TOWN <u>St Charles</u>		c. LENGTH OF STAY (Specify place) <u>5 1/2 yrs</u>		c. CITY OR TOWN <u>St Charles</u>		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 <u>St Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Rt 3</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u> b. (Middle) <u>Ervin</u> c. (Last) <u>Kluesner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan 20 1940</u>		
9. AGE (In years last birthday) <u>17</u>		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) <u>Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Mdse.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Charles Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ervin Kluesner</u>			13b. MOTHER'S MAIDEN NAME <u>Erna Ehlmann</u>			14. NAME OF HUSBAND OR WIFE _____		
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 # <u>493-44-651F</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ervin Kluesner</u> ADDRESS <u>St Charles Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile Accident</u>						
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.						
		DUE TO (b) <u>Tow cars involved</u>						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>8164</u> <u>26</u>					20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy. 94</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Portage Twp.,</u> (COUNTY) <u>St. Charles,</u> (STATE) <u>Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) <u>6-28-57</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR? <u>Head-on collission</u>				
22. I hereby certify that I attended the deceased from <u>July 22</u> , 19 <u>57</u> , to <u>July 22</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>July 22</u> , 19 <u>57</u> , and that death occurred at <u>2:20 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Mavis Wilson</u>				23b. ADDRESS <u>Wentzville, Mo.</u>		23c. DATE SIGNED <u>7-19-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 2 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 26-57</u>		REGISTRAR'S SIGNATURE <u>Mavis Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bone</u>		ADDRESS <u>St Charles Mo.</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 *Arthur C. [Signature]*.....

Licensed Embalmer No. *3154*.....

P. O. Address *St. Charles*.....

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.