

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

33730

8566

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Length of stay in lb	STREET ADDRESS <b>1931a E. Warne Avenue</b>
3. NAME OF DECEASED (Type or print) <b>John JOHN C. CHARLES</b>		First <b>John</b> Middle <b>C.</b> Last <b>KLASING</b>	4. DATE OF DEATH Month <b>SEPT.</b> Day <b>12,</b> Year <b>1957</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 20 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Helper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>M.L. Kenney Tfr. Co</b>	9. AGE (In years last birthday) <b>58</b>
11. BIRTHPLACE (City and state or country) <b>Okawville Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Klasing</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Dick</b>	14. NAME OF HUSBAND OR WIFE <b>Never married</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT Address <b>Esther Green, 254 12th St., Wood River, Ill</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>LYMPHOCYTPIC LEUKEMIA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 YRS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			<b>204.0</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>SEPT. 9, 1957</b> to <b>SEPT. 12, 1957</b> and last saw her <sup>him</sup> alive on <b>SEPT. 12, 1957</b> Death occurred at <b>3:40 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C. D. Vermillion, M.D.</b> (Degree or title)		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>9/12/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-14-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's E &amp; R Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Okawville, Illinois</b>
24. FUNERAL DIRECTOR <b>Math Hermann &amp; Sons Inc., 2161 E. Fair Ave</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 12 '57</b>	26. REGISTRAR'S SIGNATURE <b>Call Smith MD</b> <b>mjb</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be accurately stated.

(Licensed Embalmer's Statement on Reverse Side)

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 *Shepard & Burns* .....

Licensed Embalmer No. *4203*  
P. O. Address *Flour*

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.