FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42216 10078

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) No. BAPTIST HOSP. — Length of stay in 1b 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY St. Louis
c. CITY OR TOWN Webster Groves 4617 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1301 LANVALE 27 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: HELEN Middle: Last: KLASEK
4. DATE OF DEATH Month: OCT Day: 27 Year: 1957
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: OCT 27, 1957
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 10 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country): ST. LOUIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLES KLASEK JR.
14. MOTHER'S MAIDEN NAME: VIRGINIA SPENCER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: CHARLES KLASEK Address: 1301 LANVALE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Premature birth — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Premature Birth (2 mos) pulmonary atelectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary atelectasis — 10 hrs
DUE TO (c) 7625
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 ☐ 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 Birth to Death and last saw her/him alive on 10-27-58
Death occurred at 2:29 PM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. Siebold (Address, or title) M.D.
22b. ADDRESS Carleton Bldg.
22c. DATE SIGNED 10-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT 28, 1957
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.
23d. LOCATION (City, town, or county) ST. LOUIS (State) Mo
24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2916 Gravois
25. DATE RECD. BY LOCAL REG. OCT 28 57
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 emba

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

working under my personal supervision..

Student ..... Signed Thomas Cline

Signature of Student Embalmer

Not Embalmed

Licensed Embalmer No.....

P. O. Address .....

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