Health, Welfare Public Service

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4-57

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-007445

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2335

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St.Louis, Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 02 Alexian Bros. Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St.Louis, Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4954a Potomac St. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ALBERT Middle A. Last KLEMM
4. DATE OF DEATH Month Feb. Day 25, Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 8, 1902
9. AGE (In years last birthday) 56 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) Guard
10b. KIND OF BUSINESS OR INDUSTRY Pinkerton Dect.
11. BIRTHPLACE (City and state or country) St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Adam Klemm
13b. MOTHER'S MAIDEN NAME Catherine Puhl
14. NAME OF HUSBAND OR WIFE Edna Klemm
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. 493-24-4400
17. INFORMANT Edna Klemm Address 4954a Potomac Str.

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) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cirrhosis of Liver
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581.0

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) — None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year — None
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 1, to Feb 28 2-25-58 and last saw her him alive on Feb. 25, 1958
Death occurred at 5:00 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. H. Mayer M.D. (Degree or title)
22b. ADDRESS So. Side Hotel Building
22c. DATE SIGNED 2-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Feb.28,1958
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis Co., Mo.

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S.Kingshighway
25. DATE RECD. BY LOCAL REG. FEB 26 58
26. REGISTRAR'S SIGNATURE Earl Smith MD M.D.C.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Part II. No symptoms will be listed. All diseases in Part I must be causally 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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Richard W. Storzer

Licensed Embalmer No. 4007

P. O. Address .....

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.