

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016026
STATE FILE NUMBER

FILED APR 18 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3497**

300
-570

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS (If nursing home, give location) Our Lady of Perpetual Help Home 3219 Gasconade St.	
Length of stay in 1b 3 Weeks 2/59		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Eleanore M. Klein		4. DATE OF DEATH Month March Day 25 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 11, 1870
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	
11. BIRTHPLACE (City and state or country) Quincy, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Anton Heine		13b. MOTHER'S MAIDEN NAME Anna Friedhoff	
14. NAME OF HUSBAND OR WIFE George M. Klein (Dec'd)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Con A. Heine 3416a Wyoming St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart failure chronic myocardial deficiency DUE TO (b) chronic myocardial deficiency shock due to fracture left femur DUE TO (c) fracture left femur		INTERVAL BETWEEN ONSET AND DEATH 3 days 8/58	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) operation neck of left femur; influenza; bronchitis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item-18.) slipped, fell & fractured left neck of femur	
20c. TIME OF INJURY Hour 3:45 Month 3 Day 8 Year 58 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> old ladies home	
21. I attended the deceased from 12/26-15/58 to mar/24/58 and last saw him alive on mar/24/58 Death occurred at 6:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H.M. Kinner M.D.	
22b. ADDRESS 3014 S. Jefferson		22c. CITY, TOWN, OR LOCATION St. Louis, Mo.	
22d. STATE MO.		22e. SIGNED Mar 29/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/27/58	
23c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR Gabken-Benz Mortuary 2842 Meramec St. St. Louis 18 Missouri		25. DATE RECD. BY LOCAL REG. MAR 26 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith MO		27. SIGNED M & B.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Me Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jac B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis 18 Misso

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.