

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027820
State File No.

FILED JUL 21 1958

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1853

4001
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. LENGTH OF STAY (In this place) YRS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles I Nursing Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4119	
		d. STREET ADDRESS (If rural, give location) 804 N. Florissant Rd.	
3. NAME OF DECEASED (Type or Print) Charles Henry Klinge		4. DATE OF DEATH (Month) (Day) (Year) 7/11/58	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/7/63
9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Laborer	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick Klinge		13b. MOTHER'S MAIDEN NAME Margaret Maeder	
14. NAME OF HUSBAND OR WIFE Katie Schaeffer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. 491-16-6205	
17. INFORMANT'S SIGNATURE OR NAME Miss Louise Klinge		ADDRESS 804 N. Florissant	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia acute terminal		INTERVAL BETWEEN ONSET AND DEATH 10 days	
ANTECEDENT CAUSES Senile degenerative cardiovascular disease		DUE TO (b) Yes	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS 442X		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 19 1899 , to 7/11 1958 , that I last saw the deceased alive on 7/11 1958 , and that death occurred at 6:15 P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph A. Sorely		23b. ADDRESS 111 Church Street	
23c. DATE SIGNED 7/12/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/15/58	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 7-14-58		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE White-Mullen		ADDRESS 118 N. Florissant Rd.	

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
Student Embalmer

Signed Herbert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo.

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 this body is not embalmed, fact should be so stated above.