

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041795

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 11200

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ALEXIAN BROS</i>		d. STREET ADDRESS (If outside, give location) <i>2830 N. JEFFERSON AVE</i>	
Length of stay in 1b <i>20 YRS</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>JOSEPH — KLIMAS</i>			4. DATE OF DEATH Month Day Year <i>NOV. 18 1958</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>AUG. 20, 1898</i>
9. AGE (In years last birthday) <i>60</i>	F 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) <i>IRON WORKER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>IRON WORKS</i>	11. BIRTHPLACE (City and state or country) <i>E. ST. LOUIS ILLINOIS</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>JACOB KLIMAS</i>	
13b. MOTHER'S MAIDEN NAME <i>AGATHA KONAPKA</i>		14. NAME OF HUSBAND OR WIFE <i>CATHERINE KLIMAS POWELL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>329-10-6284</i>	17. INFORMANT Address <i>JOSEPH KLIMAS JR. 4316 N. BROADWAY</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>chr arthritis</i>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>arterio sclerosis, gen</i>			
DUE TO (c)			
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.) <i>X</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>X</i>		20d. INJURY OCCURRED WHILE AT WORK <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.) <i>X</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>X</i>	
21. I attended the deceased from <i>Sept 1</i> to <i>Nov 18 1958</i> and last saw her alive on <i>Nov 18 1958</i> Death occurred at <i>9:50 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. S. Gynn M.D.</i>		22b. ADDRESS <i>2752 - Cherokee</i>	
22c. DATE SIGNED <i>11/20/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL - MOTOR 11/21/58</i>	
23b. DATE <i>11/21/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>ST. ADALBERT CEM.</i>	
23d. LOCATION (City, town, or county) (State) <i>FRENCH VILLAGE, ILLINOIS</i>		24. FUNERAL DIRECTOR <i>Bluedmeyer & Gona 3934 N 20 ST</i>	
25. DATE RECD. BY LOCAL REG. <i>NOV 20 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

J. Carl Smith MD
m & B

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 *Gustav W. Dieter*

Licensed Embalmer No. *4329*
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.