Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042841
STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3173

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) Lemay — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Affton 4810 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mary Ridge Conv.Home — Length of stay in lb 6 days	d. STREET ADDRESS (If outside, give location) 8604 Neier Lane — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Frieda	Middle: Wilhelmina	Last: Kluth	4. DATE OF DEATH Month Day Year: Dec. 2, 1958
5. SEX: female 1	6. COLOR OR RACE: white	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH: Oct. 9, 1888	9. AGE (In years last birthday): 70 — 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): housework	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (City and state or country): Kupferdreh,Ruhr,Germany 4	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: William Dorn	13b. MOTHER'S MAIDEN NAME: Rosina unknown	14. NAME OF HUSBAND OR WIFE: Paul Kluth		
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.: 490-01-4235D	17. INFORMANT Address: Mrs. Gertrude Hauser, 8604 Neier Lane		

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 7/8 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arteriosclerosis 4201

DUE TO (c) Cerebral Thrombosis

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 [ ] 0

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 6-58, to 12-2-58 and last saw her/him alive on 12-1-58
Death occurred at 10:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul Rosenberg D.O. 2	22b. ADDRESS: 9438A Gravois	22c. DATE SIGNED: 12-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: Dec.5,1958	23c. NAME OF CEMETERY OR CREMATORY: New St.Marcus Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: BEIDERWIEDEN F.H.INC,1936 St.Louis Ave	25. DATE RECD. BY LOCAL REG.: 12-4-58	26. REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

Dr. Paul Rosenberg
9438a Gravois Ave.
Fi/-9944

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.