

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046701

STATE FILE NUMBER

98002-58
FILED DEC 19 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3158

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|--|---------------------------|---|--|-------------------------------------|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis, | | | 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 Richmond Heights | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | Length of stay in lb 12 hrs. | d. STREET ADDRESS (If outside, give location) 4528 So. Compton Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Dennis Andrew Jude Kleeb | | | 4. DATE OF DEATH Month Day Year December 1, 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 1, 1958 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 12 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Richmond Heights, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME Richard Kleeb | | 13b. MOTHER'S MAIDEN NAME Evelyn Dubala | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Richard Kleeb - 4528a So. Compton Ave. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stroctasis</u> DUE TO (b) <u>ruptured aorta</u> DUE TO (c) <u>500.2</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs 12 hrs |
| 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.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from <u>12-1-58</u> to <u>12-1-58</u> and last saw ^{him} alive on <u>12-1-58</u> Death occurred at <u>12-1-58 5:00 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>William Hooper, M.D.</u> | | | 22b. ADDRESS <u>607 N. Grand</u> | | 22c. DATE SIGNED <u>12-2-58</u> |
| 23a. BURIAL, CREMATION, OR REMOVAL <u>Removal</u> | | 23b. DATE <u>Dec. 3, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary</u> | | ADDRESS <u>2842 Meramec St. St. Louis, 18, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>12-2-58</u> | | 26. REGISTRAR'S SIGNATURE <u>Herbert B. Donke MD.</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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

EMBALMING

Signed
Joe S. Benz

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address... St. Louis, 18, 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.