Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-007862

FILED FEB 24 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 381

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, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Wellston 4301 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give address) D.O.A.Co. Hosp. St. Louis — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1517 Valle Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: STELLA Middle: Last: KLEISSLE				4. DATE OF DEATH Month Feb. Day 7 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]	8. DATE OF BIRTH 12-28-1893	9. AGE (In years last birthday) 65 — 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 Own Home	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Henry Deters	13b. MOTHER'S MAIDEN NAME Elizaberth Sacks	14. NAME OF HUSBAND OR WIFE Divorced - Everett Kleissle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. Nkn.	17. INFORMANT Mrs. Lucille Capps	Address 6334 Audry Ave

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	11/28/58
DUE TO (c)		2/7/59.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 11-28-58 to 2-2-59 and last saw her/him alive on 2-2-59. Death occurred at 2-7-59 10 am/pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Angelo A. Spero (Degree or title) MD	22b. ADDRESS 601 S. Brentwood Clayton, Mo.	22c. DATE SIGNED 2-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-10-1959	23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	23d. LOCATION (City, town, or county) St. Louis Co.,	(State) Missouri
24. FUNERAL DIRECTOR Jos. W. Clark F.H.	ADDRESS 1125 Hodiamont	25. DATE RECD. BY LOCAL REG. 2-13-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.	

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodram

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.