

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019331
STATE FILE NUMBER
2-4787
Registration District No. Primary Registration District No. Registration No.

8
FILED JUN 1 1959

1. PLACE OF DEATH - a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 250I Howard St.		d. STREET ADDRESS (If outside, give location) 250I Howard St.	

3. NAME OF DECEASED (Type or print) First Middle Last John Edmund Klanke			4. DATE OF DEATH Month Day Year May 15 1959			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 7 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 8 Days 8	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Mail Dept.		10b. KIND OF BUSINESS OR INDUSTRY Paper Co.		11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Louis W. Klanke		13b. MOTHER'S MAIDEN NAME Anna Hassebrock		14. NAME OF HUSBAND OR WIFE Beatrice Klanke	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) yes W. W. NO. 1		16. SOCIAL SECURITY NO. 489 01 6120		17. INFORMANT Beatrice Klanke Address 250I Howard St.	

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>Wormia Cerebri</u> DUE TO (b) <u>Nephritis (Nov 58)</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>		
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 type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb 15 39</u> to <u>5/15/59</u> and last saw her alive on <u>5/15-39</u> . Death occurred at <u>5:45 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. D. Beecher M.D.</u> (Degree or title)		22b. ADDRESS <u>2505 N. Howard</u>		22c. DATE SIGNED <u>5-16-59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 19 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>	
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24. FUNERAL DIRECTOR <u>Cullinane Bros. 3320 N. Kingshwy</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 18 '59</u>		26. REGISTRAR'S SIGNATURE <u>Lead Smith, M.D.</u>	
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All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *J. W. Dinsley*

Licensed Embalmer No. *3653*

P. O. Address *M. Laish*

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.