

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019333
STATE FILE NUMBER

FILED JUN 11 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. 5220

1. PLACE OF DEATH a. COUNTY		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 St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in lb 19 Days		d. STREET ADDRESS (If outside, give location) 5644a Lotus Ave.	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Julius Middle D. Last Klein		4. DATE OF DEATH Month 5 Day 29 Year 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 Jan. 23, 1877	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Maintenance (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Nordberg Mfg.		9. AGE (In years last birthday) 82	
11. BIRTHPLACE (City and state or country) Atkinson, Kans.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Eichen Klein		13b. MOTHER'S MAIDEN NAME Augusta Senninger		14. NAME OF HUSBAND OR WIFE Amanda F. Klein	
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. 494-01-4036		17. INFORMANT Address Amanda F. Klein, 5644a Lotus 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) arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 420.0					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Embolus with gangrene right lower leg.					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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION		20f. COUNTY		20g. STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Hugo F. Bergman M.D.			
22b. ADDRESS 3720 Washington		22c. DATE SIGNED 6/1/59			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6/1/59		23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	
23d. LOCATION (City, town or county) St. Louis County, Mo.		23e. (State)		24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.	
25. DATE RECD. BY LOCAL REG. JUN 1 '59		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. H. F. Bergman
Beaumont Bldg.
Je 3-6204
Hrs. 9-11 Mon.

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 Albert R. Thompson

Licensed Embalmer No. 4257

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.