

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023086

STATE FILE NUMBER

FILED JUL 3 1959 Registration District No. Primary Registration District No. Registrar's No. 5459

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS 7852 Milan	
3. NAME OF DECEASED (Type or print) First ERVIN Middle KLEARMAN Last		4. DATE OF DEATH June 6, 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 Apr. 7, 1906
9. AGE (In years last birthday) 53		10. KIND OF BUSINESS OR INDUSTRY Executive-Credit Clothing & Furniture	
11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Julius Klearman		14. MOTHER'S MAIDEN NAME Bina Dantzker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) (If yrs, give war or dates of service) Unk.		16. SOCIAL SECURITY NO. Unk.	
17. INFORMANT Mrs. E. Klearman-7852 Milan Avenue		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Encephalomalacia - left cerebral Hemisphere</i> DUE TO (b) <i>Carotid artery insufficiency - left - arteriosclerosis</i> DUE TO (c) <i>arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) <i>None</i>			INTERVAL BETWEEN ONSET AND DEATH
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 5-25-59 to 6 June 59 and last saw him alive on 6 June 59 Death occurred at 10 <sup>30</sup> PM - 6/6/59 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Henry E. Lattinville, M.D.		22b. ADDRESS 100 No. Euclid Ave.	
22c. DATE SIGNED 6/8/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6/8/59		23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem, St. Louis County, Missouri	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf, Inc. 5216 Delmar	
25. DATE RECD. BY LOCAL REG. JUN 8 59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *Step B. DeBorja*.....

Licensed Embalmer No. *30*

P. O. Address *Sp...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.