URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 59-033979

FILED VS SEP 2 9 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8516 STATE FILE NUMBER

ENDED

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, | Length of stay in 1b

c. CITY OR TOWN St. Louis, | Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Anthony Hospital, | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2818 Osage St., | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Gustave Middle M. Last Klocke,

4. DATE OF DEATH Month September Day 14, Year 1959

5. SEX Male,

6. COLOR OR RACE White,

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12/11/89

9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man,

10b. KIND OF BUSINESS OR INDUSTRY Emil Frei, Inc.

11. BIRTHPLACE (City and state or country) St. Louis, Missouri,

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME David Klocke,

13b. MOTHER'S MAIDEN NAME Lizzette Smith

14. NAME OF HUSBAND OR WIFE Lucy Klocke,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493-07-0667

17. INFORMANT Address Lucy Klocke, 2818 Osage St., (Wife)

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) Cerebral hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 331x

DUE TO (c)

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 1:35P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul J. Simon Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 9/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial,

23b. DATE 9/17/59

23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri,

24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG. SEP 16 '59

26. REGISTRAR'S SIGNATURE Lloyd Smith, M.D. mpl

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec S
St. Louis, 18

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