

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034347

FILED VS OCT 10 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 225 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Franklin		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 Washington Mo		c. CITY OR TOWN --	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 10,636 Bellefontaine Road	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle H Last KLUTE			4. DATE OF DEATH Month Oct. Day 14th Year 1960			
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 Mar. 11, 1891	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 66 Days	IF UNDER 24 HR Hours 66 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec. & Treas.		10b. KIND OF BUSINESS OR INDUSTRY BANKING		11. BIRTHPLACE (City and state or country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John H Klute		13b. MOTHER'S MAIDEN NAME Anna Hoffmann		14. NAME OF HUSBAND OR WIFE Isabell Klute, (nee Radell)		
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. 498-12-2697		17. INFORMANT Mrs. Isabell Klute, -wife, Address 10636 Bellefontaine Road		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Myocardial Infarction	
	DUE TO (c) Coronary Thromboses	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 12:50 p.m. Month, Day, Year Oct 4, 1960	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 Washington Mo COUNTY Washington STATE Mo
21. I attended the deceased from Oct 4/60 and last saw ^{him} him alive on Oct 4, 1960 Death occurred at 12:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE J.P. Ford M.D. (Degree or title)		22b. ADDRESS Washington Mo		22c. DATE SIGNED 10/16/60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) St. Louis Mo.	
24. FUNERAL DIRECTOR Henry Leidner Und.Co ADDRESS 2223 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. 10/7/60	26. REGISTRAR'S SIGNATURE F. J. Hickman	

St. Louis, Mo. (Released Under the Embelmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 17 1960

OCT 14 1960

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 307

P. O. Address St. Louis

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