URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960

-60-039900

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10227

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): City Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: Arnold
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Rt. 3, Box 39 a
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Theodore Middle: D. Last: Kleeberg

4. DATE OF DEATH: Month: October Day: 21 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/26/1899

9. AGE (last birthday): 60

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): Baker

10b. KIND OF BUSINESS OR INDUSTRY: Zelch Bakery

11. BIRTHPLACE (City and state or country): East St. Louis, Illinois

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

13a. FATHER'S NAME: William Kleeberg

13b. MOTHER'S MAIDEN NAME: Wilhelmina (Unk.)

14. NAME OF HUSBAND OR WIFE: Lana Mae Duke Kleeberg

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

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Lana Mae Kleeberg Address: Rt. 3 Box 39 a Arnold, M

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): myocardial failure

DUE TO (b): arteriosclerosis

DUE TO (c): nephritis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: 5 Minutes

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

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

9-10-56 9-14-60 9-14-60

21. I attended the deceased from Sept. 10 1956, to Sept. 14, 1960 and last saw her/him alive on Sept. 14, 1960

Death occurred at 12:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John B. Schmitt D.C.

22b. ADDRESS: 6409 S. Kingshighway

22c. DATE SIGNED: 10-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Oct. 25, 1960

23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State): Belleville, Illinois

24. FUNERAL DIRECTOR: C. Hoffmeister Mortuaries ADDRESS: 7814 So. Broadway St. Louis, Mo.

25. DATE REC'D. BY LOCAL REG.: OCT 21 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Linus C. Hoffmeu

Signature of Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bro

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