RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-043793

FILED VS NOV 2 8 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11218

STATE FILE NUMBER

NDED

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 15 weeks

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4438 So. 37th Street — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3745 Texas Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First PHILLIP Middle TOBIAS Last KLAGES

4. DATE OF DEATH Month Nov. Day 20, Year 1960

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10/17/1908

9. AGE (last birthday) 52 — 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) mechanic

10b. KIND OF BUSINESS OR INDUSTRY water division-City

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

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Tobias Klages

13b. MOTHER'S MAIDEN NAME Amanda Humes

14. NAME OF HUSBAND OR WIFE Mary Arlene Schaefler

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. 492-10-6832

17. INFORMANT Address Mrs. Mary A. Klages 3745 Texas Ave. (18)

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

IMMEDIATE CAUSE (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH 4 days

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

DUE TO (b) Hypertensive Cardio Vascular Disease. 3 yrs.

DUE TO (c) — 443X

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 7-1-60, to 11-20-60 and last saw her/him alive on 11/20/60

Death occurred at 6:12 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. H. Quadrutel M.D.

22b. ADDRESS 5203 Chippewa

22c. DATE SIGNED 11/21/60

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

23b. DATE 11/23/60

23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory

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

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H.INC., 1936 St.Louis Ave.

25. DATE RECD. BY LOCAL REG. NOV 22 1960

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

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

Dr. A. H. Bindbeutel
5203 Chippewa St.
2-6 PM

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 _____
Signature of Student Embalmer

Licensed Embalmer No. 452

P. O. Address

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