RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-044522

FILED VS DEC 12 1960

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Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3333 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in 1b D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Lemay
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 110 Lemay Ferry Rd.
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JOSEPH Middle Last KLODT

4. DATE OF DEATH Month Nov. Day 15 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-23-1879
9. AGE (last birthday) 81
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) Laborer(Retired)
10b. KIND OF BUSINESS OR INDUSTRY Stupp Bros. Iron Works
11. BIRTHPLACE (City and state or country) Jefferson County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Klodt
13b. MOTHER'S MAIDEN NAME Caroline Herzog
14. NAME OF HUSBAND OR WIFE Late Anna Klodt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 497-01-9510A
17. INFORMANT Louis Green Address 2722 Kenny Dr.-Lemay, Mo.

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) Multiple traumatic injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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.) Struck by car while attempting to cross Lemay Ferry Road from the east to the west side
20c. TIME OF INJURY Hour 5:35 ~~A.M.~~ p.m. Month, Day, Year 11/15/60
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.) public road
20f. CITY, TOWN, OR LOCATION Lemay COUNTY St.Louis STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 6:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond Hand (Degree or title) Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 11/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov.18,1960
23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG. 11-16-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. W. Storsand
Signature of Student Embalmer

Licensed Embalmer No. 4007

P. O. Address St. Lou

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