MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

XC-2275069 SL 13167

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1468 -61-006644 STATE FILE NUMBER

AMENDED

FILED VS FEB 2 8 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MONTGOMERY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO. Length of stay in 1b 18 HRS.

c. CITY OR TOWN HIGH HILL Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETS. ADMIN. HOSPT. Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First OTTO Middle M. Last KLEIN

4. DATE OF DEATH Month FEBRUARY Day 11, Year 1961

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH 7/3/76

9. AGE (last birthday) 84 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) RETIRED CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) DES PERES, MO.

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

13a. FATHER'S NAME JOSEPH KLEIN

13b. MOTHER'S MAIDEN NAME BARBARA VOLKER

14. NAME OF HUSBAND OR WIFE - - - - - - - - - -

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

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Address GEORGIA CONNER-522 S WILLIAMS-MOBERLY, MO.

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 INFARCTION — INTERVAL BETWEEN ONSET AND DEATH 2 DAYS

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

DUE TO (c) 4200

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

DIABETES MELLITUS, BILATERAL PLEURAL EFF & PULMONARY EDEMA

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

19. WAS AUTOPSY PERFORMED? YES [X] 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. VA attended the deceased from 2/11/61, to 2/11/61 and last saw ~~XXX~~ him alive on 2/11/61

Death occurred at 8:45 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David H. McKenna, M.D. DAVID H. MCKENNA M.D.

22b. ADDRESS VAH, ST. LOUIS, MO.

22c. DATE SIGNED 2/12/61

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

23b. DATE 2-12-61

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Montgomery City, Mo.

24. FUNERAL DIRECTOR ADDRESS Hopkins Funeral Home, Montgomery City, Mo.

25. DATE RECD. BY LOCAL REG. FEB 14 1961

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

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF CLEARED WITH CORONER'S OFFICE

MEDICAL CERTIFICATION

O.K. Joseph M. Lewis Dr. 2/15/61

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J W Buckley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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