

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-035344
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2841

FILED OCT 16 1961

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MONROE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 10 DAYS		c. CITY OR TOWN WATERLOO		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 210 N. MAIN			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM PHILLIP KLEYER				4. DATE OF DEATH Month Day Year 10 8 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-25-92	9. AGE (last birthday) 69 YRS	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) WATERLOO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME HERMAN KLEYER			13b. MOTHER'S MAIDEN NAME ELIZABETH SCHMITT			14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I				17. INFORMANT Address ALFRED KLEYER 210 N MAIN, WATERLOO, ILL.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY INFARCTION, MASSIVE, (L) LOWER LOBE INTERVAL BETWEEN ONSET AND DEATH INDET DUE TO (b) BILATERAL PULMONARY EMBOLI INDET Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) ATRIAL MURAL THROMBI INDET PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (a) LAENNEC'S CIRRHOSIS, (b) CARDIOMEGALY 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 checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year							
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		COUNTY	STATE
21. VA VA banded the deceased from 8-29-61 to 10-8-61 and last saw him him alive on 10-8-61 Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Paul G. Strohsdorfer, M.D.				22b. ADDRESS VAH. JEFF BRKS, 25, MO.		22c. DATE SIGNED 10-8-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-9-61	23c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL		23d. LOCATION (City, town, or county) WATERLOO, ILLINOIS		(State)	
24. FUNERAL DIRECTOR ADDRESS WAGNER UNDERTAKING COMPANY WATERLOO, ILLINOIS			25. DATE RECD. BY LOCAL REG. 10-9-61		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Frank Proff

Licensed Embalmer No. 4356

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.