

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046517

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11741 STATE FILE NUMBER

AMENDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE: Missouri b. COUNTY: Franklin  
 c. CITY OR TOWN: St Clair Mo Inside Limits: Yes  No   
 d. STREET ADDRESS (If outside, give location): 1130 Bardot St Reside on Farm: Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last: Lloyd Klepper  
 4. DATE OF DEATH Month Day Year: Dec 15 1961  
 5. SEX: Male  
 6. COLOR OR RACE: White  
 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH: Mar 11 1916  
 9. AGE (last birthday): 45  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_ Min. \_\_\_\_\_  
 IF UNDER 24 HR: \_\_\_\_\_  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer  
 10b. KIND OF BUSINESS OR INDUSTRY: General work  
 11. BIRTHPLACE (City and state or country): Franklin County  
 12. CITIZEN OF WHAT COUNTRY: U.S.A.  
 13a. FATHER'S NAME: John Klepper  
 13b. MOTHER'S MAIDEN NAME: Katy Meade  
 14. NAME OF HUSBAND OR WIFE: Hazel Klepper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 1942-1945  
 17. INFORMANT: Hazel Klepper Address: 1130 Bardot St. St Clair 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) Coronary Obstruction  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
 DUE TO (c) 4201  
 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.  
 22a. SIGNATURE (Degree or Title): [Signature]  
 22b. ADDRESS: 1300 Clark  
 22c. DATE SIGNED: DEC 10 1961

23a. BURIAL (REMOVAL, SPECIFY): Burial  
 23b. DATE: Dec 18, 1961  
 23c. NAME OF CEMETERY OR CREMATORY: Midland Lawn Memorial Cemetery Union, Missouri  
 23d. LOCATION (City, town, or county) (State): \_\_\_\_\_  
 24. FUNERAL DIRECTOR: Sherwood W. Kitchell ADDRESS: St. Clair, Mo.  
 25. DATE RECD. BY LOCAL REG.: DEC 18 1961  
 26. REGISTRAR'S SIGNATURE: [Signature] M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**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 Sherrill W. Kitchell

Licensed Embalmer No. 3873

P. O. Address H. Clair 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.