

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047258

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3386 STATE FILE NUMBER

FILED DEC 21 1961

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Ferdinand Twp</u>		Length of stay in 1b <u>3 mo</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hallsferry Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3810 N Broadway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SOPHIE Middle C Last KLOCKE 4. DATE OF DEATH Month November Day 28th, Year 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/16/79 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) housekeeper 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and state or country) St. Louis Co., Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Klocke 13b. MOTHER'S MAIDEN NAME Wilhelmina Hunning 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) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Mathilda Brandt, 8810 N Broadway Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Symptomatic Leukemia. INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
DUE TO (b) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 204.3

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 _____ 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 7/5/61 to 11/29/61 and last saw her live on 11/15/61 Death occurred at 11/30/61 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D. 22b. ADDRESS 10011 Beechmont Rd. 22c. DATE SIGNED 11/30/61 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 12/1/61 23c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cemetery 23d. LOCATION (City, town, or county) St. Louis Co., Mo.

24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry ADDRESS 11-30-61 25. DATE RECD. BY LOCAL REG. John E. Murphy M.D. 26. REGISTRAR'S SIGNATURE

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

