

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9775-62-040410
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 9775

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9775

STATE FILE NUMBER 9775-62-040410

FILED OCT 19 1962

1. PLACE OF DEATH a. COUNTY ST. LOUIS, MO		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		Length of stay in 1b 4 days	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS (If outside, give location) 5500 Davison	

3. NAME OF DECEASED (Type or print) First OTTO, Middle KLEFFMANN Last			4. DATE OF DEATH Month OCT. Day 11, Year 1962		
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5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10/28/1883	9. AGE (last birthday) 78 years	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sheet metal worker	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Martin Kleffmann	13b. MOTHER'S MAIDEN NAME Mary Hemberg	14. NAME OF HUSBAND OR WIFE Rose Droste
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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.	17. INFORMANT Paul Fechter - 8908 Halls Ferry Road	Address
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung		INTERVAL BETWEEN ONSET AND DEATH 163x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
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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
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21. I attended the deceased from 10/7/62 to 10/11/62 and last saw her/him alive on 10/11/62	
Death occurred at 7:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE John Mc Donough M.D.	(Degree or title)	22b. ADDRESS 1515 LAFAYETTE AVE	22c. DATE SIGNED 10/11/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct 13, 1962	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
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24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 13 1962	26. REGISTRAR'S SIGNATURE Head Smith, M.D.
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Dr. John Mc Donough, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59
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75

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 *H. Buchholz*

Licensed Embalmer No. 4551

P.O. Address _____

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.