

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043697

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 148

**FILED NOV 16 1962**

1. PLACE OF DEATH  
 a. COUNTY **Pike**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Louisiana** Length of stay in lb **12 yrs.**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Pike Co. Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Pike**  
 c. CITY OR TOWN **Louisiana** Inside Limits Yes  No   
 d. STREET ADDRESS\* (If outside, give location) **222 S. 23rd** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Arthur Conrad Kleinecke** **Nov. 13, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **5-12-1902** 9. AGE (last birthday) **60** 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) **Dr. of Ost.** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **Robert Kleinecke** 13b. MOTHER'S MAIDEN NAME **Katherine Spies** 14. NAME OF HUSBAND OR WIFE **Wilma**

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. **Unknown** 17. INFORMANT **Mrs. Wilma Kleinecke - La. Mo.** 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 Cardiac Decompensation** INTERVAL BETWEEN ONSET AND DEATH **3 days**  
 DUE TO (b) **Arteriosclerotic Cardiovascular Dis. 5 yrs**  
 & **Cardiac enlargement**  
 DUE TO (c) **Myocardial Infarction**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
**Old Pulmonary Tuberculosis & Thromboplasty left**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**Old Pulmonary Tuberculosis & Thromboplasty left**

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  
 a.m. p.m.

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 **1958** to **11/13/62** and last saw him live on **11/13/62**  
 Death occurred at **12:56 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Chas K Lemley M.D.** 22b. ADDRESS **Louisiana Mo** 22c. DATE SIGNED **11/13/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11-13-62** 23c. NAME OF CEMETERY OR CREMATORY **Lake Charles Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Mo.** (State)

24. FUNERAL DIRECTOR **Jay B. Smith** ADDRESS **7456 Manchester** 25. DATE RECD. BY LOCAL REG. **11-13-62** 26. REGISTRAR'S SIGNATURE **Bernice Collins**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 20 1962

**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 Melvin Bartaux

Licensed Embalmer No. 4903

P. O. Address St Louis 17 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.