

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-021817

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5302 STATE FILE NUMBER

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

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 27 1963

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3881 Utah Place Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 3881 Utah Place Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Mary Kleissle May 16, 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9/14/71 9. AGE (last birthday) 91 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) Housekeeping 10b. KIND OF BUSINESS OR INDUSTRY At home 11. BIRTHPLACE (City, end state or country) Switzerland 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ----- Schneider 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Emil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Emma Bauer - 3881 Utah Place

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Decompensated arteriosclerotic heart disease
DUE TO (b) 4200
DUE TO (c) 10 yrs
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 5/20/63 to 5/19/63 and last saw her alive on 5/19/63
Death occurred at 5/16/63, 5:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paula Pankhagen 22b. ADDRESS 5203 Chippe 22c. DATE SIGNED 5/17/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE May 18, 1963 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory 23d. LOCATION (City, town, or county) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave. 25. DATE RECD. BY LOCAL REG. MAY 17 1963 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

90

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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BY AFFIDAVIT OF

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 Deliv J. Kasper

Licensed Embalmer No. 3497

P.O. Address St Louis

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.