

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046448

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3652

DO NOT WRITE ON THIS STUB AMENDED

FILED DEC 16 1963			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>St. Louis</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u> Length of stay in lb <u>2 days</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u></p> <p>c. CITY OR TOWN <u>Ballwin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>308 Main Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED First Middle Last</p> <p style="text-align: center;">(Type or print) <u>Julia</u> <u>M</u> <u>Kline</u></p>			
<p>4. DATE OF DEATH Month Day Year</p> <p style="text-align: center;">(Type or print) <u>Nov</u> <u>28</u> <u>1963</u></p>			
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1-7-88</u></p>
<p>9. AGE (last birthday) <u>75</u></p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR</p> <p style="text-align: center;">Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>Ballwin, Missouri</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>Julius Koenemann</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Wussow</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Silas Kline</u></p>		<p>17. INFORMANT Address <u>Esther Kline 308 Main, Ballwin, Mo.</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. <u>[redacted]</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Myocardial degeneration</u></p> <p style="text-align: center;">DUE TO (b) <u>Acute pneumonia</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><u>5 mo.</u></p> <p><u>48 hr.</u></p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>			<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>			
<p>20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p>20f. CITY, TOWN, OR LOCATION _____</p>		<p>COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>June 1963</u> to <u>Nov. 1963</u> and last saw her <u>alive</u> on <u>11/28/63</u></p> <p>Death occurred at <u>9:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>A.C. Mc Murree MD</u></p>		<p>22b. ADDRESS <u>Manchester, Mo</u></p>	
<p>22c. DATE SIGNED <u>11/29/63</u></p>		<p>(State) _____</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>12-2-63</u></p>	
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u></p>	
<p>24. FUNERAL DIRECTOR <u>Schrader Funeral Home, Ballwin, Mo</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>11-29-63</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u></p>		<p>_____</p>	

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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

USE BLACK INK OR TYPEWRITER RIBBON

EX-101 (10-1-62)

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bellwin, 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.