

DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41124**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **560** Registrar's No. **2924**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Lemay		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 1yr		d. STREET ADDRESS (If rural, give location) 22 2100 Clark	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Rose			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Tripo c. (Last) Klaich			4. DATE OF DEATH (Month) (Day) (Year) Nov 12 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 15 1892		9. AGE (In years last birthday) 60		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Taveren		11. BIRTHPLACE (State or foreign country) Yugoslavia ?	

13a. FATHER'S NAME Tripo Klaich		13b. MOTHER'S MAIDEN NAME Semina Unknown		14. NAME OF HUSBAND OR WIFE Vida Klaich	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vida Klaich 2100 Clark Ave	
---	--	-------------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		DUPLICATE			not known
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Infection			
		DUE TO (c) 002X			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Spinal Tuberculosis.			not known

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------------------	--	----------------------------------	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	---	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from **7/27/51**, 19**51**, to **11/12/52**, that I last saw the deceased alive on **11/27/52**, 19**52**, and that death occurred at **12:50P** m., from the causes and on the date stated above.

23a. SIGNATURE Jaroma Schlenker, M.D. (Degree or title)		23b. ADDRESS 3515. So Grand Ave		23c. DATE SIGNED 11/14/52	
--	--	--	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 15 52		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) - (State) St. Louis Cty	
---	--	----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 11-14-52		REGISTRAR'S SIGNATURE Hubert R. Doms - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schum 3125 Lafayette Ave	
--	--	--	--	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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
Student Embalmer

Signed

Joseph B. Holman

Licensed Embalmer No. 2014

P. O. Address 3125 1/2 St

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 this body is not embalmed, fact should be so stated above.