

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46013

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11870

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis 4000	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 23 St. John's Hospital		e. STREET ADDRESS (If rural, give location) 27 8345 Buddie Dr.	
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) JOHN c. (Last) KLEINE		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8, 1923
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adjuster	10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John H. Kleine	13b. MOTHER'S MAIDEN NAME Blanche Tebeau	14. NAME OF HUSBAND OR WIFE Gloria M. Kleine	
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 Mrs. Gloria Kleine 8345 Buddie Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute renal failure Lower nephron nephrosis		INTERVAL BETWEEN ONSET AND DEATH 18 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock following acute dilatation of stomach		18 days
	DUE TO (c) Bronchial Pneumonia Terminal		
19a. DATE OF OPERATION 11/21/57	19b. MAJOR FINDINGS OF OPERATION Cholelithiasis, Cholelithiasis 584.X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., 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 1/10, 1956, to 12/10, 1957, that I last saw the deceased alive on 12/5, 1957, and that death occurred at 6:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE John J. Munnely (Degree or title) MD	23b. ADDRESS 16 Hampton Village	23c. DATE SIGNED 12/10/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/10/57	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. DEC 11 57	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE JOHN STYGAR & SON 5541 RIVERVIEW BLVD. JOHN STYGAR & SON 5541 Riverview	

(Licensed Embalmer's Statement on Reverse Side)