U. S. No. 2
(OM—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

Registration District No. 3118

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11427

Registrar's No. 3515

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 8650 Geiger Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edna Kloeppel
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James V.
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased May 22 1907
(Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Owensville Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER
12. Name Louise Leuteker
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
FATHER
14. Name Richard E. Brelie
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant James V. Kloeppel
(b) Address 8650 Geiger Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-45
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Edgar B. Stuart
(b) Address 1225 Vernon Blvd.
19. (a) APR 20 1945 (Date received local registrar) (b) J. Breed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1945 hour 9 minute a. M.
21. I hereby certify that I attended the deceased from Jan. 1, 19 45 to April 18, 19 45
that I last saw h alive on April 17, 19 45
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Dilitation	6 hrs.
Due to: Nephrosclerosis.	3 years.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy Cardiac Dilitation

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. B. Jansen (M. D. or other) Md.
Address 601 Humphreys Bldg. Date signed 4/19/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Bernard G. Stuart

Licensed Embalmer No. B500

P. O. Address.....

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.