

JUL 30 1926

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20529

1. PLACE OF DEATH

County St. Louis  
Township Centrose  
City St. Mary's Hosp

Registration District No. 790

Primary Registration District No.

File No.

Registered No. 205

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Walter Klose  
(a) Residence No. 3507 Ohio Ave, St. \_\_\_\_\_  
(Usual place of abode)

Richmond Hill

Ward \_\_\_\_\_

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U.S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 7, 1918

7. AGE

YEARS 7 MONTHS 10 DAYS 22  
If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER

Klose

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MARRIAGE NAME OF MOTHER

Springer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

14. Informant

Mrs. Myrtle Kaufman  
(Address) 3507 Ohio Ave

15. FILED

6/30/26 J. B. Sudwith  
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 29 1926

17.

I HEREBY CERTIFY, That I attended deceased from 19 June 1926, to 29 June 1926, and that I last saw him alive on June 29, 1926, and that death occurred, on the date stated above, at 12.40 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

General Persecution (Strep Haem)  
Septic Thrombosis Cerebral Vein  
Regular Ven  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Malnutrition - School  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

Home  
NOT AT PLACE OF DEATH? Yes

DID AN OPERATION PRECEDE DEATH?

Yes DATE OF 6/2/26

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James F. Clough M. D.  
7/1/26 (Address) St. Mary's Hosp

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Peter's

DATE OF BURIAL

July 2, 1926

20. UNDERTAKER

Jos. W. Ulrich  
ADDRESS 1485

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

