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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 38351

Township ..... Primary Registration District No. 1003 Registered No. 11016

City St. Louis, Mo. (No. 3634 Louisiana St. ..... Ward)

2. FULL NAME Henry Klasing

(a) Residence. No. 3634 Louisiana St. 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

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) July 25 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	4	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Germany

PARENTS

10. NAME OF FATHER Henry Klasing
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Amalia Moretz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Pauline Obenhaus
(Address) 3634 Louisiana Ave.

15. FILED DEC -9 1927, 19 Max C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 8 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-23-27, 19..., to 12-8-27, 19..., that I last saw h. 1M alive on 12-8-27, 19..., and that death occurred, on the date stated above, at 9 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Esophagus

(duration) 5 yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Metastatic Carcinomatosis of abdomen (duration) ..... yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? home

DID AN OPERATION PRECEDE DEATH? yes DATE OF 11-26-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) James Knott, M. D

12/9, 1927 (Address) Barnard Hospital

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Matthews Cem. DATE OF BURIAL: Dec 10 - 1927

20. UNDERTAKER: Ziegenheim Bros. 2623 ADDRESS: Cherokee

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.