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

Do not use this space.

File No. 25221
Registered No. 7017

1. PLACE OF DEATH

County ..... Registration District No. 7811
Township ..... Primary Registration District No. 2003
City St. Louis Mo (No. 4357 Cadoa St. Ward 6)

2. FULL NAME John H. Klos

(a) Residence. No. 4357 Cadoa St., 6 Ward.
(Usual place of abode) (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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 9-1866

7. AGE: Years 62 | Months — | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: International Sh

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

PARENTS
10. NAME OF FATHER: John Klos
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Poland
12. MAIDEN NAME OF MOTHER: Dera Cnov
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Poland

14. INFORMANT: Leo Klos
(Address): 4357 Cadoa St

15. FILED: L-5 1927, 19..... Mary C. Starling
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 3 1927

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1927, to July 3 1927, that I last saw h. alive on July 3, 1927, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Disease of Heart
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ..... M. D.
7-5, 1927 (Address) 2500 Wandenta a

*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: Calvary — DATE OF BURIAL: July 6 1927

20. UNDERTAKER: Cantlon — ADDRESS: 1841 Cass

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.

THIS IS A PERMANENT RECORD

Dr Tyzzer.
2500 Vandewater St Ferdinand
Lin 3310.