

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

Do not use this space.

6000

1. PLACE OF DEATH  
 County St. Louis Registration District No. 790  
 Township Central Primary Registration District No. 6033  
 City Crepe Coeur No. Graves Rd. Crepe Coeur Mo. Ward)

2. FULL NAME Caroline H. Klasing  
 (a) Residence, No. Graves Rd. St. \_\_\_\_\_ 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 Female 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 Wm Klasing  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1865  
 7. AGE YEARS 66 MONTHS 7 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.  
 FATHER 13. NAME Fred Boehmer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Wm. Klasing  
Crepe Coeur, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gr. St. Pauls DATE 2-28-32  
 19. UNDERTAKER (ADDRESS) Baumgardner Bros  
Overland, Mo.  
 20. FILED Feb. 26, 1932 R. W. Sullivan  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1932  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932, to Feb 25, 1932.  
 I last saw her alive on Feb 25, 1932. Death is said to have occurred on the date stated above, at 10:20 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia Date of onset 2-16-32  
 Other contributory causes of importance: (Grip)  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) W. Denny M. D.  
 (Address) Crepe Coeur Mo.

RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 25 1932

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M. H. B.