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.

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

Do not use this space.

10215

1. PLACE OF DEATH
County St Louis
Township
City St. Louis (No. 5800 Arsenal St. Ward) City Infirmary
Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 2234

2. FULL NAME Joseph Klute
(a) Residence, No. 1801 So 2nd St., 13 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) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1858
7. AGE Years 73 Months 9 Days 17 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
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) Mo 1

FATHER
13. NAME Joe Klute
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Kate Bolen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) M. Effinger 5800 Arsenal
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oeker Vaul DATE 3-8- 1932
19. UNDERTAKER (ADDRESS) Wm J Robert 9915 E Grand Blvd
20. FILED MAR -3 1932 19 Max C Fowler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/19/32 19 to 3/7/32, 19
I last saw him alive on 3/6/32, 19 Death is said to have occurred on the date stated above, at 2:30 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis. | Unknown |
| 930 | |
| Other contributory causes of importance: | |
| Arterio-Sclerosis. | Unknown |

Name of operation (1) Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 6, 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?
If so, specify
(Signed) J. Dunbarrow, M. D.
(Address) 5600 Arsenal St