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.
18123

1. PLACE OF DEATH

County ..... Registration District No. 792
Township ..... Primary Registration District No. 1003
City St Louis (No. St Anthony's Hosp St. ..... Ward)

File No. ..... Registered No. 5099

2. FULL NAME Charles Claudius

(a) Residence, No. 4628 Nebraska ave St., 15 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: Kate Claudius

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 5, 1862

7. AGE: YEARS 69 | MONTHS 6 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Assessor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City St Louis 185
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER
13. NAME: Charles Claudius
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia 7

MOTHER
15. MAIDEN NAME: Mary Roth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

17. INFORMANT (ADDRESS): Kate Claudius 4628 Nebraska ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk DATE 5-27 1932

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 So. King Highway

20. FILED MAY 20 1932 Max C. Hawley Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932, to May 25, 1932
I last saw him alive on May 25, 1932. Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

97A
Aortic Regurgitation
97
111B
92A

Date of onset

Other contributory causes of importance:
Hypostatic pneumonia
Arteriosclerosis
(1)

Name of operation none 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? no Date of injury —, 19....
Where did injury occur? none
(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) John A. Hartwig, M. D.
(Address) 2743 N. Grand Blvd.