

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

Do not use this space.

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6218 R  
 City Jesson Rd. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. 7226  
 Registered No. 63

2. FULL NAME Mary Klund  
 (a) Residence, No. R.F.D. St. \_\_\_\_\_ Ward Webster Groves, Mo.  
 (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 Michael

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>2</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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.

13. NAME Frank Schwalbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Kaiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Michael Klund  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Old St. Johns Cem. DATE 2/21 1933

19. UNDERTAKER C. Hoffmeister & Co.  
 (ADDRESS) 4074 So Broadway

20. FILED Feb. 19 1933 J. C. Chock MD  
 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1932 to Feb 11 1933  
 I last saw h. w. alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 5 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Chronic Arteriosclerosis  
Chronic Constipation  
 Date of onset: \_\_\_\_\_  
 Other contributory causes of importance:  
Chronic Arteriosclerosis 1900  
Chronic Constipation 1910

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physician Was there an autopsy? Yes

23. If death was due to external cause (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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Walter Kelley M. D.  
 (Address) opton

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.

MAR 21 1933

Kelly