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.

JAN 3 1934

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

ISOLATION HOSPITAL

Do not use this space.

35246

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1013

City St Louis Mo (No. ..... St. ..... Ward)

File No. ..... Registered No. 9486

2. FULL NAME Charles Klasing

(a) Residence, No. 3301a So. 18th 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 6 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) Mar 25 1928

7. AGE YEARS 5 MONTHS 7 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 115A

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 101A

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

FATHER

13. NAME Frederick Klasing

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

MOTHER

15. MAIDEN NAME Carolyn Schrader

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

17. INFORMANT (ADDRESS) Leona Burns Cobt. Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews DATE 11-3 1933

19. UNDERTAKER (ADDRESS) Witt Bros. L & U Co. 2929 S. Jefferson Av.

20. FILED NOV -2 1933 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1933, to Oct 31, 1933

I last saw him alive on Oct 31, 1933. Death is said to have occurred on the date stated above, at 10:42 a.m.

The principal cause of death and related causes of importance were as follows:

Diphtheria, Faucial — Date of onset 10-18

Streptococcus Sore throat

Other contributory causes of importance:

Cervical Adenitis

Bronchopneumonia

Name of operation Morse Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? ..... (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? No

If so, specify .....

(Signed) John Eschenbrenner M. D.

(Address) ISOLATION HOSPITAL