FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City
Registration District No. 1123
Primary Registration District No. 6248 G
(No. 7716 Fleta Ave St. Ward)
File No. 3494
Registered No. 3

2. FULL NAME Barbara Kloss
(a) Residence, No. 7716 ~~Flueta~~ Fleta av 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 wi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14 – 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
43	9	18	

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) Hungary

FATHER
13. NAME Peter Paul
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER
15. MAIDEN NAME — Freemann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Peter Kloss 7716 Fleta Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE Jan 5 1934

19. UNDERTAKER (ADDRESS) John L Bugenhem & Sons 7027 Virginia Ave

20. FILED Jan 2 1934 B H Tate M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized pelvic carcinoma with history being sick about two years. Radium treatment, Xray treatment and surgical treatment on number of occasions at	

Other contributory causes of importance:
Barnard Skin and Cancer hospital and St. Louis County hospital.
Secondary: Generalized cancer, toxemia and inanition.
Name of operation Coroner's view Date of no
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) Luke B Tierney, MFD.
(Address) 3718 Jennings Rd., 1/4/34
Coroner St. Louis Co. Co.

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Louis Co 3494

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Barbara Kloss

Who died at _____ on Jan 2 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days 2 18

Sex F Color or race W ~~Single~~, married, ~~widowed or divorced~~: _____

Date of birth _____ Age: Years 43 Months 9 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Cause of Death 1 - Generalized Pelvic Carcinoma

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) with history - sick abt 2 yrs.

Birthplace of father (State or country) Radium Treatment X Ray

Birthplace of mother (State or country) Treatment at Barnard Skin

Principal cause of death: Cancer Hosp. Primary seat of carcinoma cervix / Date Dec. 1932 uterus.

Other contributory causes of importance Generalized Cancer

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar B. E. Tate M.D.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.

G.C.

Special Agent.

Reg. Dist. No. 1123

Primary Reg. Dist. No. 6248 G.

S 3494