

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1002**
City **St Louis** (No. **Beauregard Hosp**)

File No. **22425**
Registered No. **6210**
St. Ward

2. FULL NAME

(a) Residence, No. **6813 Scanlan av 3** 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 M	4. COLOR OR RACE N	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna A		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 16 - 1873		
7. AGE YEARS 60	MONTHS 9	DAYS 9	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer			
	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				
FATHER	13. NAME Fred Klasing			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland			
MOTHER	15. MAIDEN NAME Eliz Able			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois			
17. INFORMANT (ADDRESS) Anna A Klasing 6813 Scanlan av				
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 27, 1934				
19. UNDERTAKER (ADDRESS) John J. Ziegler & Sons 7027 Marquis				
20. FILED JN 20 1934 J. Brebeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 24, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **6/23**, 19**34**, to **6/24**, 19**34**.
I last saw him alive on **6/24**, 19**34**. Death is said to have occurred on the date stated above, at **4:20 P** m.
The principal cause of death and related causes of importance were as follows:
Angina pectoris
HTA
942
Other contributory causes of importance:
None

Date of onset 2 weeks ago

Name of operation **none** Date of.....
What test confirmed diagnosis? **Cluroid** 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....., 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) **P. B. Chapin**, M. D.
(Address) **3239 St. Louis ave**

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.

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