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.

OCT 11 1934

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

Do not use this space.

31475

791

1003

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8812

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

2. FULL NAME John P. (Gus) Klute

(a) Residence, No. City Sanitarium St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14th 1867

7. AGE: YEARS 67 MONTHS 6 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

FATHER

13. NAME: August H. Klute

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prussia

MOTHER

15. MAIDEN NAME: Catherine Drecker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): On Ocean

17. INFORMANT (ADDRESS): Robert Klute 4127 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE Sept 3rd 1934

19. UNDERTAKER (ADDRESS): Arthur J Donnelly U. C. 3840 Lindell Bl

20. FILED SEP -2 1934 19 Jos. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1934 to Aug 31st 1934
I last saw him alive on Aug 31st 1934 Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus c̄ Gangrene of left foot	6/10/34
59	
9 8 B	

Other contributory causes of importance:

11 11	
Acute Pulmonary Edema	8/31/34

Name of operation Amputation lt. Foot Date of 8/30/34
What test confirmed diagnosis? Clinical 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) William F. McNamee M. D.
(Address) 5400 Arsenal St

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