

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.

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

Do not use this space.

FEB 2 1 1935

791
1003

3465

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City, St. Louis (No. En Route City Hospital) Registered No. 772
#1 St. 772 Ward)

2. FULL NAME

L. Charles Klages
(a) Residence, No. 1215 St. August St., 1215 Ward. (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 Male 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) Rose Klages

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 1 4

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

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 Missouri

13. NAME Wm Klages

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

15. MAIDEN NAME Anna Rapp

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

17. INFORMANT Rose Klages (ADDRESS) 1215 St. August

18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Peters DATE Jan 11 1935

19. UNDERTAKER (ADDRESS) John P. Collins & Co 428 W. Grand St

20. FILED Jan 21 1935 J. H. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from no illness in attendance, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:40 m.

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

Fractures of skull
lacerations of brain
received when struck by a car
at St. Louis, Mo
Other contributory causes of importance:
Decided as a pedestrian
accident

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid Date of injury Jan 9 1935

Where did injury occur? St. Louis, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury Struck by car
Nature of injury Fractures of skull

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) John J. Sweet M.D.
(Address) J. H. Bredek Registrar.

