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

MAR 23 1935

Do not use this space.

4949

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township — Primary Registration District No. 3016 — Registered No. 19

City Washington, Mo. (No. , St. Ward)

2. FULL NAME Charles Claas

(a) Residence, No. 3540 Hartford St. St. Louis 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. 1 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 * Catheran Claas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1863

7. AGE: Years 71 — Months 11 — Days 5 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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 Charles Claas

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

MOTHER

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Mrs. Catheran Claas St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Feb. 16, 1935

19. UNDERTAKER (ADDRESS) Lizzie Schnure 3025 Lafayette St. St. Louis

20. FILED Feb 14, 1935 H. A. May Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1935, to 2/13, 1935

I last saw h— alive on 2/13/35, 19.... Death is said to have occurred on the date stated above, at 10 00 P m.

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

| | Date of onset |
|---|---|
| Acute Pulmonary Edema | |
| 2/08 | 2/8 |

Other contributory causes of importance:

| | |
|---|---|
| Fractured right-leg - fractured left Clavicle | 2/12/35 |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/12, 1935

Where did injury occur? on highway in Country (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place - on highway

Manner of injury Hit-and-run car off highway turning over

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) J. P. Poor, M. D.

(Address) Washington Mo.

Dr. H.A. Moy
4th & Jeff