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.

30689

1. PLACE OF DEATH OCT 2 3 1935

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7438

City St. Louis Mo. (No. DePaul Hospital St. ..... Ward)

2. FULL NAME Joseph Klaas,

(a) Residence, No. ..... St., N R Ward. Florisant, Mo.
(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: 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: Mary Klaas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19, 1868.

7. AGE: YEARS 67 | MONTHS 9 | DAYS 12 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Missouri

FATHER
13. NAME: Frank Klaas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Gertrude Peitzmeier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Bernard Klaas, Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SACRED HEART?CEM. DATE: Sept. 4/35. 19

19. UNDERTAKER (ADDRESS): Jos. W. Clark. 1125 Hodiamont Ave.

20. FILED: SEP -3 1935 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 1/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1935 to Sept 1, 1935

I last saw him alive on Sept 1, 1935 Death is said to have occurred on the date stated above, at 10.50 A.M.

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

| | Date of onset |
|---|---|
| Peritonitis | Aug 29 |
| Secondary to intestinal obstruction | |
| Other contributory causes of importance: | |
| Cancer of Sigmoid | ? |
| (Intestinal resection operation) | |

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Name of operation: Intestinal resection, Date of Aug 30 35

What test confirmed diagnosis? Operation Was there an autopsy? Yes

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) John C Marfit, M. D.

(Address) 940 Mo Bld 634 N Grand Al

Dr. John C. Morfit,
940 Mo. Theatre Bldg.,
Grand & Lucnat Aves.,
Jefferson 002I.
I2 N00n.