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

MAY 27 1936

Do not use this space.

16592

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township St Charles — Primary Registration District No. 3036 — Registered No. 64
City St Charles (No. ..... St. ..... Ward)

2. FULL NAME Mrs Wilhelmina Kluse
(a) Residence, No. 526 Madison St St., V Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 64 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF J Herman Kluse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15th, 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) April 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

FATHER
13. NAME Herman Schnedler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Oldenhage
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edward Schnedler

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutheran Cemetery DATE April 11 1936

19. UNDERTAKER (ADDRESS) Hackmann-Bone

20. FILED 4/9 1936 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1936 to April 8th 1936.
I last saw her alive on April 8th 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of heart following Broken compensation on Apr 1st	8 days
Other contributory causes of importance:	
Hypostatic congestion of Lungs	3 days

Name of operation none Date of
What test confirmed diagnosis Signs & Sympt. 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) A P Erich Schnedler, M. D.
(Address) St Charles Mo.