

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUL 14 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. Mo. Baptist Hospital)

File No. 24256  
Registered No. 5867  
St. .... Ward)

2. FULL NAME Mary Klaas

(a) Residence, No. 3627 Dunica St. 16 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Klaas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 1872</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>-</u>	DAYS <u>26</u>
If LESS than 1 day, .....hra. or .....min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>
	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) Belleville  
(STATE OR COUNTRY) Ill.

13. NAME Adam Hornberger

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

15. MAIDEN NAME Margaret Heil

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

17. INFORMANT Margaret Klaas  
(ADDRESS) 3627 Dunica

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Hill BELLEVILLE ILL.  
DATE June 8 1936

19. UNDERTAKER Wm. Schumacher  
(ADDRESS) 3015 Meramec St.

20. FILED JUN 6 1936 J. F. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1936 to June 5 1936  
I last saw him alive on June 6 1936 Death is said to have occurred on the date stated above, at 1:40 P.M.  
The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart  
10/6 a  
Other contributory causes of importance:  
Obstructive Bronchitis

Name of operation none Date of .....  
What test confirmed diagnosis? exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury....., 19.....  
Where did injury occur?.....  
(S. ecify 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) Joseph E. Carney, M. D.  
(Address) 525 Frisco Bldg.

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.

No. 1 of this account  
Three Bids

4