

AUG 18 1936

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

Do not use this space.

28081

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **Christian Hospital**) St. Ward)

File No. **6819**
Registered No.

2. FULL NAME **Orville Klotsch**

(a) Residence, No. **4864 Anderson Ave** St. **1** 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. 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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 14 1936**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil**
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) **St Louis** (STATE OR COUNTRY) **Mo**

MOTHER 13. NAME **Oliver Klotsch**
14. BIRTHPLACE (CITY OR TOWN) **St Louis** (STATE OR COUNTRY) **Mo**

15. MAIDEN NAME **Selma Kueck**
16. BIRTHPLACE (CITY OR TOWN) **St Louis** (STATE OR COUNTRY) **Mo**

17. INFORMANT **Oliver Klotsch** (ADDRESS) **4864 Anderson Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **July 7 1936**

19. UNDERTAKER **Reiderwien Funeral Home** (ADDRESS) **1936 ST LOUIS AVE**

20. FILED **JUL 7 1936** **J. P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 5 1936**, 19

22. I HEREBY CERTIFY, That I attended deceased from **June 29 1936**, to **July 5 1936**
I last saw him alive on **July 5 1936**. Death is said to have occurred on the date stated above, at **12:40 P M**
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia 1 day
Bronchitis
Other contributory causes of importance: **Severe Shock 6 days**
Pulvis

Name of operation **None** 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? 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 **Geo P. Sweger**, M. D.
(Signed) **Geo P. Sweger**
(Address) **3442 S. Walden Ave**

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.

