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.

SEP 29 1936

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

Do not use this space. 0

1. PLACE OF DEATH
County St. Louis Registration District No. 784 File No. 32191
Township St Ferdinand Primary Registration District No. 6030 Registered No. 167
City West Walnut Manor (No. 5318 Hamilton St. Ward)

2. FULL NAME Mrs. Louise Klass
(a) Residence, No. 1325 Clinton St. St., 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: 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 the late Thomas Klass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10 - 18 - 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
82	9	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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) Switzerland

FATHER
13. NAME Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Louise Gausmann 5318 Hamilton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zions Cem. DATE 8-10-36, 19

19. UNDERTAKER (ADDRESS) Henry Lindner 1417 N. Market

20. FILED Aug 8th, 1936 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7-36, 19

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to Aug 7, 1936
I last saw her alive on Aug 2, 1936 Death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral
hemorrhage l. side
Paralysis r. side
(hemiplegia)

Date of onset

Other contributory causes of importance:
hypertension
Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) C. H. Kilker, M. D.
(Address) 3121 N Grand