

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.

OCT 5 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. Christian Hospital)

File No. 35562  
Registered No. 9163  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alvina C. Klaus.

(a) Residence, No. 9201 St. Charles Rocks Rd. N.R. Ward. \_\_\_\_\_  
(Usual place of abode)

St. Louis Co.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry H. Klaus.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1884.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 5 24

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. at home  
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, Missouri.  
(STATE OR COUNTRY)

FATHER 13. NAME August Brand.

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Charlotte Schroeder.

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

17. INFORMANT Mrs. Henry H. Klaus  
(ADDRESS) 9201 St. Charles Rocks Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE Sept. 4, 1936

19. UNDERTAKER Geo. L. Pleitach Inc  
(ADDRESS) 5966 E. Webster Ave

20. FILED SFP 4 1936 Registrar. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 29th, 1936 to Sept 2nd, 1936  
I last saw her alive on Sept 1st, 1936 Death is said to have occurred on the date stated above, at S. R. O. A., m.

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

Arterio Sclerosis 1930  
Non Malignant  
Renal Hernia 1933  
Other contributory causes of importance: SFB 1934  
Hypertension  
Pulmonary Edema 2 hrs.

Name of operation Laparotomy Date of 9-1-36  
What test confirmed diagnosis? Autopsy 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 Arterio Sclerosis, M. D.  
(Signed) Arterio Sclerosis  
(Address) 3635 So. Brentwood Ave

3635 N. New York

1 to 3