

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

Do not use this space.

SEP 25 1936

791

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1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No. **1003**
City (No. **Barnes Hosp.**) St. Ward

File No.
Registered No. **8260**
St. Ward

2. FULL NAME

Infant Klucke
(a) Residence, No. **230 S. Newstead** 19. Ward. (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred **Still born** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Still-born		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1936				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
Still born				
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.			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22, 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **10:30 P** m.

The principal cause of death and related causes of importance were as follows:
Still born premature birth Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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

FATHER

13. NAME **Harry Klucke**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

MOTHER

15. MAIDEN NAME **Lottie Audrey Moore**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Huntington Tennessee**

17. INFORMANT (ADDRESS) **Harry Klucke 230 S. Newstead**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Barnes Hosp 7/27/36**

19. UNDERTAKER (ADDRESS) **Dist of Pathology Washington University**

20. FILED **AUG 7 1936** **J. F. Bredeck Registrar**

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? If so, specify.

(Signed) **William C. Wisserman** M. D.
(Address) **630 S. Kingshighway**

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

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.

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