

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.

MAR 5 - 1937

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. 5612 Lansdowne Ave.)

File No. 8299
Registered No. 1730
St. _____ Ward _____

2. FULL NAME Martha C. Klug

(a) Residence, No. 5612 Lansdowne Ave. St. 14 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 6

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. _____
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) St. Louis MO.

13. NAME William Chott

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

15. MAIDEN NAME Marie Suda

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

17. INFORMANT Hugo A. Klug
(ADDRESS) 5612 Lansdowne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 2-70 19. 37

19. UNDERTAKER Kriegerhauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED FEB 9 - 1937 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Feb 7, 1937
I last saw her alive on Feb 7, 1937. Death is said to have occurred on the date stated above, at 3:40 P.M.
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus

Date of onset 1 year

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? serum 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 _____

(Signed) L. W. Scherman, M. D.

(Address) DR. L. W. SCHERMAN,
2919 S. KINGSHIGHWAY BLVD

ST. LOUIS, MO.

A Sherman

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