MAY 7 1937

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

Do not use this space.

791

14861

1. PLACE OF DEATH

County ..... Registration District No. ..... 1003 File No. 4360

Township ..... Primary Registration District No. ..... Registered No. .....

City ST. LOUIS (No. ST. ANTHONY'S HOSPITAL St. ..... Ward)

2. FULL NAME MARY KLUTHO

(a) Residence, No. 2721 SO. COMPTON AVE. St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 VICTOR J. KLUTHO

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 30 1862

7. AGE: YEARS 74 MONTHS 6 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

335

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) (STATE OR COUNTRY) ST. LOUIS MO

FATHER

13. NAME JOSEPH W. STORR
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER

15. MAIDEN NAME CATHERINE CHAPEK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA

17. INFORMANT (ADDRESS) VICTOR J. KLUTHO 2721 SO. COMPTON AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS PETER & PAULC. DATE APRIL 28 1937

19. UNDERTAKER (ADDRESS) PEETZ BROS. 3029 LAFAYETTE AVE.

20. FILED APR 27 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 25 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to April 25, 1937
I last saw her alive on April 25, 1937. Death is said to have occurred on the date stated above, at 6.45P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Ch. Myo Cordites

Other contributory causes of importance:
Arterio Sclerosis

Name of operation ..... 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?
If so, specify .....
(Signed) R. Connell, M. D.
(Address) 3601 Grand

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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2-4 [illegible]

Dr. R. O'Connell
3601 Gravois