

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.

MAY 7 1937

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

Do not use this space.

791
1003

14872
4368

1. PLACE OF DEATH
 County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis, (No. Park Lane Memorial Hospital St. 15 Ward) (If nonresident, give city or town and State)

2. FULL NAME Mary Klos
 (a) Residence, No. 3220a Neosho St. St. 15 Ward.
 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 John J. Klos

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1864.

7. AGE YEARS 72 MONTHS 10 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Germany

13. NAME Lawrence Jablonski

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

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Edward J. Klos (ADDRESS) 3220a Neosho St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Apr. 29, 1937

19. UNDERTAKER J. H. Kuppen Band & Co. (ADDRESS) 2842 Meramec St.

20. APR 27 1937 19 J. T. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937 to April 27, 1937
 I last saw her alive on April 27, 1937 Death is said to have occurred on the date stated above, at 4:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocardial & aortic atherosclerosis
Intermittent nephritis
 Date of onset

Other contributory causes of importance:
Chronic atherosclerosis
Intermittent nephritis

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?.....
 If so, specify.....
 (Signed) Wm. J. F. [Signature] M. D.
 (Address) 1936 Fidelity Bldg

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10
21
899

