

N.B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

33130

Do not use this space.

9184

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City Saint Louis, Missouri. (d) Street No. Lutheran Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME -- Shirley Marie Klund.

(a) Residence, No. 3242a Missouri Ave. St. 24
(Usual place of abode, if no street address, write county or city) (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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 29th, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 30 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as 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) Saint Louis
(STATE OR COUNTRY) Missouri.

13. NAME Edwin Klund

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

15. MAIDEN NAME Bernice Imhof

16. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Edwin Klund
(ADDRESS) 3242a Missouri.

18. BURIAL, CREMATION, OR REMOVAL Old St. John DATE Sept. 29th, 1937
PLACE Kehlville Mo.

19. FUNERAL DIRECTOR Ziegler Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED SEP 30 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from September 27, 1937, to September 30, 1937

I last saw h. alive on September 30, 1937 Death is said

to have occurred on the date stated above, at 3:00A.M.

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

Premature Date of onset

159

Other contributory causes of importance:

Eclampsia (mother) 9-27-37

Name of operation Peter's Version Date of 9-29-37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) James H. Bredeck, M. D.

(Address) 2767 E. 1st St.

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Juddie A. Ziegenhein

Licensed Embalmer No. 2270.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)