

DEC 20 1937

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

11652
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson
(b) Township Rock
(c) City Maxville, Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 423
Primary Registration District No. 5578
(d) Street No. Maxville, Mo.

Registered No. 32

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. moe. da.

2. PRINT FULL NAME

Elizeth Klahs
(a) Residence, No. Maxville, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anton Klahs22. I HEREBY CERTIFY, That I attended deceased from Sept 36 1936, to Nov. 1 19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21, 1861I last saw her alive on Nov. 1 1937. Death is said to have occurred on the date stated above, at 8:00 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 11

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as 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

Sarcoiditis12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriOther contributory causes of importance: Hypostatic pneumonia

13. NAME William Konert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Chr. Nephritis

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation Clinical Date of
What test confirmed diagnosis? Clinical Was there an autopsy? 17. INFORMANT (ADDRESS) Mary Klahs
Maxville, Mo.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.18. BURIAL, CREMATION, OR REMOVAL PLACE Maxville, Mo. DATE Nov 4 1937Manner of injury
Nature of injury 19. FUNERAL DIRECTOR (ADDRESS) Fendler Undertaking Co
744 Lemay Ferry Rd.24. Was disease or injury in any way related to occupation of deceased? No
If so, specify 20. FILED Nov 2 1937 Phil J. Korte
Local Registrar(Signed) O. J. Reich, M.D. M. D.
(Address) Summerswick, Mo.

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

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
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
Licensed Embalmer No.

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.)