

JAN 24 1938

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

21  
46744  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 790  
 (b) Township ..... Primary Registration District No. 6033a Registered No. 481  
 (c) City Clayton (d) Street No. 22 Brentmoor Park 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 Grace H. Klipstein

(a) Residence, No. 22 Brentmoor Park St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Ernest C. Klipstein  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1879  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 --- ---  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
 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) (STATE OR COUNTRY) Keokuk Iowa

FATHER 13. NAME Henry C. Huiskamp  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland 30

MOTHER 15. MAIDEN NAME Julia Werth  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) India

17. INFORMANT Mr. Carl H. Schlapp, Jr.  
 (ADDRESS) 30 Wydown Terrace.

18. BURIAL, CREMATION, OR REPOSSITION PLACE Bellefontaine DATE Dec. 28, 37

19. FUNERAL DIRECTOR Wagoner Undertaking Co.  
 (ADDRESS) 3621 Olive St.

20. FILED 17/28 1937 Dr. J. J. Signorile  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1937  
 22. I HEREBY CERTIFY that I attended deceased from Aug 19, 37 to Dec 25, 37, 1937  
 I last saw him alive on Dec 25, 37, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Carcinomatous  
Recurrent from right breast  
 Date of onset ---  
 Other contributory causes of importance: 50

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 Wagoner Undertaking Co. M. D.  
 (Signed) J. J. Signorile  
 (Address) 4500 Olive St.

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.

STATEMENT BY LICENSED EMBALMER

I, Neville B Trohwitter, Licensed Embalmer No. 3696

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Neville B Trohwitter  
Licensed Embalmer No. 3696

**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.)**