

JAN 24 1938

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

46812
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 1170
 (b) Township Leeff Primary Registration District No. 6248-H Registered No. 260
 (c) City Richmond Heights Street No. St. Mary's 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., of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME IDA INEZ KLAUS

(a) Residence, No. LEEF TOWNSHIP 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 29, 1894

7. AGE YEARS 43 MONTHS 0 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE KEEPER
 9. Industry or business in which work was done, as saw mill, bank, etc. OWN HOME
 10. Data deceased last worked at this occupation (month and year) 2 MONTHS 11. Total time (years) spent in this occupation. 20 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OLD RIPLEY MO
BAND COUNTY

FATHER 13. NAME WILLIS BEAM

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OLD RIPLEY MO
BAND

MOTHER 15. MAIDEN NAME ELIZBEATH A. BOLDT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OLD RIPLEY ILLINOIS

17. INFORMANT (ADDRESS) Alonzo E. Klaus
Leef Township Illinois

18. BURIAL, CREMATION OR REMOVAL PLACE Highland City DATE July 16 1937

19. FUNERAL DIRECTOR (ADDRESS) H.B. McNeil
Merion

20. FILED Dec 14 1937 Sam A. Bassett
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 13 1937 to Dec 13 1937
 I last saw him alive on Dec 13 1937 Death is said to have occurred on the date stated above, at 12 P. M.
 The principal cause of death and related causes of importance were as follows:

Brain Tumor
50
 Date of onset

Other contributory causes of importance: Cardiac

Name of operation Brain Tumor Date of July 6

What test confirmed diagnosis? Micro Was there an autopsy? Yes

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) Sam A. Bassett M. D.
 (Address) _____

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, Francis B. Mc Gow, Licensed Embalmer No. 2905

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 Francis B. Mc Gow
Licensed Embalmer No. 2905

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.)