

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.

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

FEB 12 1938

224
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003** Registered No. **80**

(c) City **St. Louis** (d) Street No. **5402 Milentz Ave.** 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 **Charles A. Klute Jr. U30**

(a) Residence, No. **5407 Milentz Ave.** St. **2** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 21, 1910**

7. AGE YEARS **27** MONTHS **3** DAYS **11** If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. **Unemployed**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER

13. NAME **Charles A. Klute Sr.**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

MOTHER

15. MAIDEN NAME **Mathilda Haldy**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

17. INFORMANT **Charles A. Klute Sr.** (ADDRESS) **5407 Milentz Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter & Paul 1-4** 1938

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries** (ADDRESS) **4258 So. Kingshighway**

20. FILED **JAN 3 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 1st 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **7:45 P.** ;

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

Carbon Monoxide Poisoning self administered, in his car, in the garage, in the rear of 5402 Milentz Ave., on Jan. 1, 1938 time unknown. Suicide.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Suicide** Date of injury **1/1/1938**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **5402 Milentz Av.**

Manner of injury **See above**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **Joseph M. Lusk, M.D.**
(Address) **Deputy Coroner**

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 *Reinhold K. Lohman*

Licensed Embalmer No. *3395*

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.)