

FEB 12 1938

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

489
Do not use this space.

791

1003

Registered No. 345

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City, St. Louis (d) Street No., City 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 May Kloepffer

(a) Residence, No. 6232 Gravois St. 2
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 3

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) St. Louis Missouri

FATHER 13. NAME Joseph Frank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Anna Nunnenkamp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT William Kloepffer
(ADDRESS) 6232 Gravois

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Chyd. DATE Jan. 12, 38

19. FUNERAL DIRECTOR John L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois Avenue.

20. FILED JAN 11 1938 J. Bredtck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/8/38 19

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 4:55 a.m.

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

Carcinoma of Cervix.
Metastases of Peritoneum.

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? 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? NO.
If so, specify
(Signature) Joseph M. ...
(Address) ... corner

Cause of death 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, Clarence P. Fidwell, Licensed Embalmer No. 3877

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 Clarence P. Fidwell
Licensed Embalmer No. 3877

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