

REC'D APR 11 1938

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

9188

Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Missouri Pacific 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. **13** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Frank William Kluth 430**
 (a) Residence, No. St. **NR Atchison Kansas**
 (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 Male	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 Agnes Fitzgerald Kluth		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov., 5, 1872		
7. AGE	YEARS	MONTHS
	65	4
		DAYS
		18²⁰
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Locomotive Eng.	
	9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pac. Engineer	
	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) Germany		
FATHER	13. NAME Gottfried Kluth	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Barbara Schroeder	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT Mrs. Henry Lackey (ADDRESS) Atchison Kansas		
18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison Kansas DATE 3-25 , 19 38		
19. FUNERAL DIRECTOR Albert E. Hoppe Inc. (ADDRESS) 429 North Euclid Ave.		
20. FILE MAR 23 1938 J. V. Budeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 , 19 38
22. I HEREBY CERTIFY, That I attended deceased from 3-10 , 19 38 , to 3-23 , 19 38 . I last saw him alive on 3-22 , 19 38 . Death is said to have occurred on the date stated above at 3:49 a.m. The principal cause of death and related causes of importance were as follows: Dehydration of heart during 3-22-38 Coronary artery failure of Jan. 1935. Cardiac atrophy Chronic alcoholism Other contributory causes of importance: Chronic alcoholism
Date of onset 1937
Name of operation..... Date of.....
What test confirmed diagnosis? Exam 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? No If so, specify..... (Signed) R. W. Gray , M. D. (Address) Mo. Pac. Hospital

(Licensed Embalmer's Statement on Reverse Side)

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,, 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 *Robert G. Hoff*
Licensed Embalmer No. *2971*

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.)