

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

15883  
Do not use this space.

96 REC'D MAY 6 1938  
1. PLACE OF DEATH  
(a) County St. Louis,  
(b) Township Bonhomme,  
(c) City.....  
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds.

Registration District No. 784  
Primary Registration District No. 26  
(d) Street No. Barretts Sta. Rd. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis Klunk, 452  
(a) Residence, No. Kirkwood, Mo. R #13 St.   
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>xxxxxxxxxxxx</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15, 1857</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>10</u>	DAYS <u>11</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farm laborer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1937</u>			
		11. Total time (years) spent in this occupation <u>60</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>Peter Schuster Kirkwood, Mo. R #13.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Manchester, Mo.</u> DATE <u>Apr. 27, 1938</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>Debrauer Fun. Home, Ballwin, Mo.</u>				
20. FILED <u>4-26</u> , 19 <u>38</u> , <u>R. Meyer M.D. S.P. 27</u> <u>707</u> <u>Coroner of St. Louis County, Mo.</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Apr. 26, 1938</u>
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 <u>10 a.m.</u>	
The principal cause of death and related causes of importance were as follows:	
	Date of onset
<u>Chronic myocarditis</u>	
Other contributory causes of importance:	
Name of operation..... Date of.....	
What test confirmed diagnosis? <u>Medical history</u> an autopsy? <u>no</u>	
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? <u>NO</u> (Specify) (Signed) <u>John O. Bonnell</u> , M. D. <u>707</u> <u>Coroner of St. Louis County, Mo.</u>	

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, Theo. Schrader, Licensed Embalmer No. 3066

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

L. E.

Theo. Schrader

No. 3066 or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

Theo. Schrader

Licensed Embalmer No. 3066

**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.)**