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

23549
Do not use this space.

REC'D AUG 12 1938

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St Louis Mo,
(d) Street No. DePaul 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.

Registration District No. 791
Primary Registration District No. 1008
Registered No. 6243

2. PRINT FULL NAME Everett Leonard Klump 451
(a) Residence, No. Perryville Mo St. NR
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 1902
7. AGE YEARS 35 MONTHS 7 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo,

FATHER
13. NAME Emil V Klump
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

MOTHER
15. MAIDEN NAME Emma Moll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

17. INFORMANT (ADDRESS) Mr Young Perryville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Perryville Mo, DATE 7-14-38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H Hoppe Inc 429 N Euclid Ave
20. FILED JUL 12 1938 J. F. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11th, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 2, 1933, to July 11th, 1938
I last saw him alive on July 11, 1938 Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	7/1/38

Other contributory causes of importance:
Pulmonary Tuberculosis.

Name of operation ..... Date of .....
What test confirmed diagnosis? Sup. Dig. 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 .....
(Signed) D. B. Flavan, M. D.
(Address) 901 Humboldt Bldg.

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. [illegible] 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.