JAN - 2 1939 DEC'D JAN 6 1939

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

Do not use this space.

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1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No. 3832
Township Clayton — Primary Registration District No. 200 — Registered No. 1
City Olivette, Mo. (No. 9414 Olive Blvd. St. Ward)

96
423

2. FULL NAME Sarah Klosterman
(a) Residence, No. 9414 Olive Blvd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1892

7. AGE: YEARS 46 — MONTHS 2 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tourist resort
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) Telz Lithuania

FATHER
13. NAME Meyer Wolf Cohen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

MOTHER
15. MAIDEN NAME Celia Klotz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

17. INFORMANT (ADDRESS) Morris Cohen 4738a Vernon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beth Ham Hag DATE 1/2 38

19. UNDERTAKER (ADDRESS) H. B. Berger 4715 McPherson

20. FILED JAN - 2 1939 T. R. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st, 1939

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 M.A. m.
The principal cause of death and related causes of importance were as follows:

Suicide by firearms (revolver) — Date of onset 1/1/39

167

Other contributory causes of importance:
Gun-shot wound of left chest

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical sign Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 1/1, 1939
Where did injury occur? In Home, Olivette Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury suicide by firearms
Nature of injury Gun shot wound of L. Chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jno. O'Connell M. D.
(Address) Coroner of St. Louis Co.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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