

REC'D APR 12 1939

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

791  
1003

8290  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis  
(e) Length of residence in city or town where death occurred  
410 yrs. mos. ds.

Registration District No.....  
Primary Registration District No.....  
St. John's Hospital

Registered No. 2055

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

Olivette Kluge

(a) Residence, No. 3806 Shaw Ave. St. 17

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John E. Kluge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 7 0

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) St. Louis 0  
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME George L. Schwenk

14. BIRTHPLACE (CITY OR TOWN) St. Louis 1  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Clara Belle Hall

16. BIRTHPLACE (CITY OR TOWN) Staunton  
(STATE OR COUNTRY) Illinois

17. INFORMANT Mr. John Kluge  
(ADDRESS) 3806 Shaw Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul Cm DATE 3/6/39

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co.  
(ADDRESS) 2201 S. Grand Bl.

20. FILED MAR 8 1939 J. B. Redick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1939, to March 2, 1939  
I last saw her alive on March 2, 1939. Death is said to have occurred on the date stated above, at 1:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis 2 days  
Chronic Nephritis years?  
Hypertension

Other contributory causes of importance:  
Chronic Nephritis  
Hypertension

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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?.....  
If so, specify None  
(Signed) A. P. Thompson M. D.  
(Address) 3108 Leaps Ave

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.

*No. 774 J. Thompson  
3108 Borne*

**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 *Nancy A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**