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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31151

Registration District No. 791 — REC'D OCT 14 1939

Primary Registration District No.

Registrar's No. 8214

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1500 Pine St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Della Klafzinsky 412

3. (b) If veteran, name war no

3. (c) Social Security No. 491-16-8116

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Edward

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug. 4, 1873 (Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Bicknell, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Kelly
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Klafzinsky
(b) Address 1500 Pine St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/23/39 (Month) (Day) (Year)
(c) Place: burial or cremation Bicknells, Ind.

18. (a) Signature of funeral director E. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) SEP 25 1939 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23, year 1939 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from August 25, 1939, to September 23, 1939, that I last saw her alive on September 23, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix
Chronic Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma of Cervix

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature John F. Flynn (M. D. or other)
Address 1515 Lafayette, Date signed 9/23/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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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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 Paul A Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.