DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40011

Registration District No. 4V5

Primary Registration District No. 5580

Registrar's No. 14-1

1. PLACE OF DEATH:

(a) County: JEFFERSON

(b) City or town: RURAL — MERAMEC (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 MONTHS, 15 DAYS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: MERAMEC

(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No.: 6416 OAKLAND AVE. (If rural, give location)

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

3. (a) PRINT FULL NAME: JOSEPH KLORER

3. (b) If veteran, name war:

3. (c) Social Security No.: NIL

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of ~~husband or~~ wife: LOUISE HEMMER

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

7. Birth date of deceased: 12 (Month) 25 (Day) 1852 (Year)

8. AGE: Years 86 Months 10 Days 7 If less than one day hr. min.

9. Birthplace: LORRAINE (City, town, or county) OHIO (State or foreign country)

10. Usual occupation: LABORER, RETIRED

11. Industry or business:

FATHER 12. Name: JEROME KLORER

13. Birthplace: GERMANY (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: ROSE HERTEL

15. Birthplace: GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: ST. JOSEPH'S HILL INFIRMARY

(b) Address: Brother Bonaventure O.S.F. EUREKA, MO.

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Math Hermann Jr. Son

(b) Address: 216 E. Fair Ave.

19. (a) 4 Nov 39 (Date received local registrar) (b) James A. Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 4TH year 1939 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 13-39 to Nov. 1st, 1939, to, 19; that I last saw him alive on Nov. 1st, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to: Bronchopneumonia	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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: Jesse L. Sargent (M. D. or other)

Address: Eureka, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

50M-5-17-39 Rev. 8-17-30 I X19511

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo

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.