

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8645
Registrar's No. 2128

Registration District No. 7911

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3912a Lafayette Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Joseph J. Klump

8. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Klump
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Oct. 22 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 9
If less than one day hr. _____ min. _____

9. Birthplace Perryville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Klump
13. Birthplace Perryville Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Lydia Vessells
15. Birthplace Perryville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Geneva Martin

(b) Address 3912a Lafayette

17. (a) Burial (b) Date thereof 3 4 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Cullinane Bros

18. (a) Signature of funeral director _____
(b) Address 1710 N. Grand Blvd.

19. (a) MAR 3 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3912a Lafayette Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1940 hour Between 12 & 6 P.M.

21. I hereby certify that I attended the deceased from Sept 1939, to March 1940,
that I last saw him alive on July 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to _____

Other conditions Cancer of Prostate
(Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of Prostate
Nov. 1939

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter C. Hall (M. D. or other)
Address 3402 E. Lafayette Date signed 2/2/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Fred Frick*

Licensed Embalmer No. *3186*

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.