

Registration District No. _____

Primary Registration District No. _____

791

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:
Alexian Bros. Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4014 Magnolia Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1940 hour 4 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan-29, 1935
to Apr-16, 1940
that I last saw him alive on Apr-15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Infarction

Due to _____
Due to _____

Other conditions hypertension of old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 J. J. [illegible] (M. D. or other) _____
Address 2 [illegible] Blvd Date signed 4/16/40

8. (a) PRINT FULL NAME Anthony Klobasa **412**
(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Catherine Klobasa 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 22nd 1848
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>11</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation Insurance Business

11. Industry or business _____
12. Name Unknown, Klobasa
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant E. Louis Klobasa
(b) Address 4014 Magnolia Pl.

17. (a) Burial or cremation burial (b) Date thereof 4-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery
Kriegshauser Mortuary

18. (a) Signature of funeral director _____
(b) Address 4228 So. Kingshighway

19. (a) APR 16 1940 (b) J. J. [illegible]
(City or town) (Date)

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

div v lo

F. J. Whinnery
2116 Franklin
Per: 9766
1-3 AM.

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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

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.