

Registration District No. 784

Primary Registration District No. 200

880

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(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 St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6737 Schofield Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Augusta Klittich 432

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Ernst F. Klittich

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

7. Birth date of deceased July 22nd 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 9 13 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name August Petersen

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Fred Schofield

(b) Address 6737 Schofield Ave.

17. (a) Burial (b) Date thereof 5-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemeter

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway

19. (a) MAY 6 - 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)

Address 6733 Sage Date signed 5-6-40

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1940 hour 3:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Apr 15, 1940 to May 4, 1940
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hardening of arteries
Due to Senility

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature [Signature] (M. D. or other)

Address 6733 Sage Date signed 5-6-40

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

MOTHER FATHER

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

Edward 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.