

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7403

1. PLACE OF DEATH:

(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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Doris N. Klute

3. (b) If veteran, name war _____

3. (c) Social Security No. 190-12-3562

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 10 10 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Warner Pharmaceutical Co.

12. Name A. J. Klute

18. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Noelle Jeep

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Klute

(b) Address 7527a Wise Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 9 11 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Clayton Rd. at Concordia Lane.

19. (a) SEP 3 1940
(Date received local registrar)

(b) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7527a Wise Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1
year 1940 hour 9:00 minute 0 M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;

that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Chained hemorrhage from laceration of left hand of fractured ribs, suffered in collision between Chevrolet Coach owned by Walter Whitehead and Plymouth Brock owned by Hugh Minderman in Highway #61 - near Marquette
(Include pregnancy within 3 months of death)

Major findings of operations Chained hemorrhage of autopsied Whitehead

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

(a) Accident, suicide, or homicide (specify) General (under)

(b) Date of occurrence Sept 1 - 1940

(c) Where did injury occur? Marquette Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type or place)

While at work? _____ (e) Means of injury Auto

23. Signature [Signature]
(Physician or other)

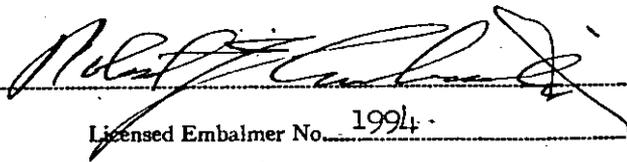
*Address Deputy for [Signature]

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



Licensed Embalmer No. 1994

P. O. Address Clayton, Missouri.

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.