

Registration District No. **791**

Primary Registration District No. **1003**

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 **10 Days.**
(Specify whether
In this community **20 Years.**
years, months or days)

3. (a) PRINT FULL NAME **FRANK KLAUS.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **490-03-481**

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

6. (b) Name of husband or wife **Catherine Klaus** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **Nov 15 1904**
(Month) (Day) (Year)

8. AGE: Years **35** Months **11** Days **23** If less than one day
hr. _____ min. _____

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

10. Usual occupation **Machinist**

11. Industry or business **Foreman St Louis Cordage Co.**

12. Name **Nick Klaus**

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

14. Maiden name **Anna Vild**

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

16. (a) Informant **Catherine Klaus**

(b) Address **5118 Colonge Ave.**

17. (a) **Burial** (b) Date thereof **Oct 11/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sun Set Burial Park**

18. (a) Signature of funeral director **Shoreluto**

(b) Address **2906 Gravois Ave.**

19. (a) **OCT 9 1940** (b) **J. B. Breda**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis.** **15**
(If outside city or town limits, write "RURAL")
(d) Street No. **5118 Colonge Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **20** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **8th**
year **1940** hour **4 30** A. M. minute _____ M. _____

21. I hereby certify that I attended the deceased from **Aug 20 - 1940**
to **Oct 8th**, 1940,
that I last saw him alive on **Oct 8th**, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Sciostomus & Liver with Portal Obstruction

Due to _____

Due to _____

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

Major findings: Of operations **Hepatic Encephalosis**

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **Oct 8th**

(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 **J. B. Breda** (M. D. or other) **M.D.**

Address **3548 S. Grand** Date signed **8/9/40**

3548 S. Grand
2-4-7-1930

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.....

Leo Buddi....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3989

P. O. Address St. Louis

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, fact should be so stated above.