

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

33903

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

8600

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(c) Name of hospital or institution: **St. Anthony Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **1 day**  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME..... **August B. Klocker**

8. (b) If veteran, name war..... 8. (c) Social Security No. **488-01-9423**

4. Sex..... **Male** 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

7. Birth date of deceased..... **February 25, 1890**  
(Month) (Day) (Year)

8. AGE: Years..... **50** Months..... **7** Days..... **21** If less than one day  
hr. min.

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

10. Usual occupation..... **Department Manager**

11. Industry or business..... **Jacob Frank Company**

12. Name..... **Bernard Klocker**

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

14. Maiden name..... **Jacobine Sievert**  
15. Birthplace..... **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature..... **Maemie Klocker**

(b) Address..... **5204 Finkman Avenue**

17. (a) **Burial** (b) Date thereof..... **Oct. 19, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Wm J. Robert L. & U. Co.**

(b) Address..... **1905 So. Grand Blvd.**

19. (a) **OCT 18 1940** (b) **J. F. Beck**  
(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. **5204 Finkman Avenue**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **16**  
year..... **1940** hour..... **3** minute..... **45** A. M.

21. I hereby certify that I attended the deceased from..... **October 14**  
19..... **40** to..... **October 16**, 19..... **40**  
that I last saw him alive on..... **October 16**, 19..... **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

**Chronic Interstitial Nephritis 9 mo.**

Due to.....

Due to.....

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

Major findings:.....  
Of operations.....

Of autopsy.....

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?

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

23. Signature..... **Albert H. Teisborth** (M. D. or other).....

Address..... **3548 S. Grand Blvd.** Date signed..... **10/17/40**

**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

*John Ketter*

Licensed Embalmer No. 3880

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.**