

Registration District No. 561

Primary Registration District No. 5-755-4330

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller  
 (b) City or town Eldon - Saline Twp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Eldon Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.  
 In this community Several years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
 (c) City or town Eldon (Equality) Saline  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Frank Adolph Klosterman

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Carrie Klosterman 6. (c) Age of husband or wife if alive 15 years  
 7. Birth date of deceased July 15 1867  
 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired Bricklayer

11. Industry or business

MOTHER FATHER { 12. Name Clemons Klosterman  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Antonett Peveling  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Helen Heafy

(b) Address St. Louis Missouri

17. (a) Burial (b) Date thereof 11-30-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 11-30-1940 (b) Belle Haynes  
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month November day 27  
 year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-11 1940, to 11-27 1940  
 that I last saw him alive on 11-27 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemorrhage Duration 1 day  
 Due to Carcinoma of stomach 6 mo.  
and  
Hypertension 6 mo.

Other conditions (Include pregnancy within 3 months of death) 4 1/2

Major findings: Of operations  
 Of autopsy  
 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?  
405 (Specify type of place)  
 While at work? (e) Means of injury

23. Signature Jane Miller (M. D. or other) MD  
 Address Eldon Mo Date signed 12-10-40

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

**STATEMENT BY LICENSED EMBALMER**

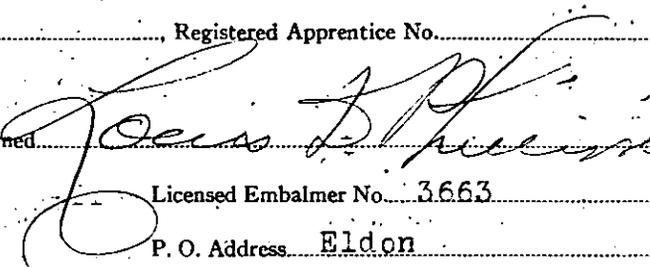
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3663

P. O. Address Eldon

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**