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FILED JAN 8 1941

Registration District No. 784

Primary Registration District No. 700

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Sappington Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Kennerly Road  
(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)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ottile Elizabeth Klaus

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Fred Klaus 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 1, 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 20 If less than one day  
hr. min.

9. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jurband

13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Klaus

(b) Address Kennerly Rd Sappington Mo

17. (a) burial (b) Date thereof 12/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeport, Illinois

18. (a) Signature of funeral director John S. Ziegler

(b) Address 7027 W. 10th St

19. (a) DEC 23 1940 (b) W. H. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Route 6, Sappington Mo  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21  
year 1940 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Dec - 3 -  
1940, to Dec - 21 - 1940

that I last saw him alive on Dec. 21 - 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the tumour Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

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

23. Signature J. P. Lawrence (M. D. or other) \_\_\_\_\_

Address 6953 Grovois Ave Date signed \_\_\_\_\_

**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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

**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.**