No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43956

State File No.

Registration District No. FILED JAN 8 1941 784

Primary Registration District No. 200

Registrar's No. 2449

76

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 12/18/40 (Specify whether
In this community Since 1919 years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 9429 Hawthorne Avenue
(If rural, give location)

0

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

3. (a) PRINT FULL NAME KLUTHO, Eugene T.

3. (b) If veteran, name war World War, 1918

3. (c) Social Security No None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clara Klutho

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May (Month) 30 (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	6	25	..... hr. ..... min.

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

10. Usual occupation Inspector 0

11. Industry or business Fire Prevention Bureau 7

MOTHER FATHER

12. Name Victor J. Klutho 0

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

14. Maiden name Storr, Mary

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

16. (a) Informant Government Records

(b) Address Jefferson Barracks, U.S.V.A.

17. (a) Mo. (Burial, ~~cremation, or removal~~) (b) Date thereof 12-27-40 (Month) (Day) (Year)

(c) Place: burial or cremation B. Monica

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

(b) Address 9222 Lackland Overland Mo.

19. (a) DEC 24 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1940 hour 4 A.M. minute None M.

21. I hereby certify that I attended the deceased from 12/18/40, 19..., to 12/24/40, 19...;
that I last saw him alive on 12/24/40, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease, cardiac enlargement, mitral valve damage, myocardial damage and myocardial insufficiency. ~~Due to~~

Duration: About 21 years

Due to 92

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations

Of autopsy No 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C. W. HUGHES, M.D. (M. D. or other) 1

Address Chief Medical Officer. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 A. C. Entmann

Licensed Embalmer No. 3478

P. O. Address.....

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

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