

No. 2
1-4-41
17-39
X28390

FILED AUG 28 1941

1003

Registration District No. **79**

Primary Registration District No. **1003**

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

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. (Specify whether
years, months or days) 5 yrs. 0

3. (a) PRINT FULL NAME Ernestina Klamert

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, widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 9 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months - Days 15 If less than one day hr. _____ min. _____

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Erhardt Klamert

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Ellen Mahoney

(b) Address 4317 Duke

17. (a) burial (b) Date thereof 7-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) JUL 26 1941 (b) J. H. Gredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 S. Grand
(If rural, give location)
(e) Citizen of foreign country? Yes (If yes, name country Germany)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Intertracheal fracture of left femur. Arterio-brain aneurysm. Deceased slipped and fell to the floor in her room at the Little Sisters of the Poor Home at 3400 S. Grand Ave.
Underlying conditions (include pregnancy within 3 months of death) _____

Major findings: 186a
Of operations _____
Of autopsy 18

Duration _____
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) Accident

(b) Date of occurrence June 23, 1941

(c) Where and injury occurred St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Nursing Home
(Specify type of place)

While at work? _____ (Specify type of work)

23. Signature W. H. Perry (M. D. or other) _____
Address 186a Date signed 7/26/41

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

Oliver E. Linder

Licensed Embalmer No. *4148*

P. O. Address *St. Louis, Mo.*

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.