

FILED OCT 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31238

Registration District No. 1152

Primary Registration District No. 5176

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Clark Ridge R.F.D. #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Freida Ieka Klaus

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Leis Klaus 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased July 4 1869
(Month) (Day) (Year)8. AGE: Years 11 Months 9 Days 17 If less than one day _____ hr. _____ min.9. Birthplace Frederick Md (City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business

12. Name Fritz Cehl13. Birthplace Germany (City, town, or county) (State or foreign country)14. Maiden name Schmitt15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address _____

17. (a) Burial (b) Date thereof 3/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation 4 mile west of Clark Ridge18. (a) Signature of funeral director McCombs(b) Address Clark Ridge19. (a) 3/23-41 (b) 27 Klaus
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape Girardeau
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1941 hour 4 minute 15 M.21. I hereby certify that I attended the deceased from July 10, 1940, to March 21, 1941; that I last saw him alive on March 5, 1941; and that death occurred on the date and hour stated above.Immediate cause of death Myocardial Infarction Duration 10 months

Due to _____

Due to _____

Other conditions arterio-sclerosis (Include pregnancy within 3 months of death) hypertensionMajor findings: Of operations 932

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 W. J. Reston (M. D. or other) _____Address Clark Ridge Date signed 3-21-41

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..... *B. A. Meyer*

Licensed Embalmer No. *3057*

P. O. Address *Jackson Miss*

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31238

Registration District No. 1152

Primary Registration District No. 5176e

Registrar's No. _____

1. PLACE OF DEATH: Cape Girardeau
 (a) County Rural
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Fredericka Klaus
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex J 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 4 1868
 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Alvin F. Klaus

(b) Address Out Edge, Mo.

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 1 Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw him _____ live on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
 Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

S-31238 1941