DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

494

State File No. 87

FILED FEB 24 1942

Registration District No. 291

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town

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

(c) Name of hospital or institution: 7610 Vermont ave.

(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis

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

(d) Street No. 7610 Vermont ave.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Charles W. Klemp (also known William C. Klemp)

3. (b) If veteran, name war Spanish American

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 Bertha Klemp

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 12, 1877 (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER

12. Name William Klemp

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

MOTHER

14. Maiden name Kade Long

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

16. (a) Informant's own signature Elenore Klem

(b) Address 7610 Vermont ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway

19. (a) JAN 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1942 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from Nov 24, 1941, to Jan 2, 1942 that I last saw him alive on Jan 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis	Chronic

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 7702 [illegible] Date signed 1/4/42

(Licensed Embalmer's Statement on Reverse Side)

V. S. No. 2.
50M-5-17-39
Rev. 5-17-39
Form 1 X19511

MARGIN RE BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 26 [illegible]

Dr R C Duffies

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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, above space should be left blank.