S. No. 2
1—4-13-40
v. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4571

Primary Registration District No. 1003

Registrar's No. 1866

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town Saint Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 3317 Minnesota Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Benjamin C. Kludas.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances Kludas

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased September (Month) 11th. (Day) 1901 (Year)

8. AGE: Years 40 Months 5 Days 15 If less than one day hr. min.

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

10. Usual occupation Century Electric Moulder.

11. Industry or business

FATHER
12. Name Charles Kludas
13. Birthplace Unknown (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Ida Giest
15. Birthplace Unknown (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Frances Kludas
(b) Address 3317 Minnesota Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 3809 Gravois Ave.

19. (a) FEB 28 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th, year 1942 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb 2, 1942, 19..., to Feb 26, 1942, 19..., that I last saw him alive on Feb 26, 1942, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Peritonitis — 4 days
Due to Operation Resection of colon
Due to Resection for Carcinoma of Rectum — 2-3 years
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Peritonitis

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 H. J. Shelton (M. D. or other) M.D.
Address 420 S. Virginia Date signed 2-27-42

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1942

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Gravoi

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.