

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18845

FILED JUN. 22 1942 57
Registration District No.

Primary Registration District No. 3036

State File No.

Registrar's No. 309

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital 0
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles 92
(c) City or town: St. Charles 3
(If outside city or town limits, write "RURAL")
(d) Street No. 818 Jefferson St 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS JULIA KLIPPEL
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16 1942
year 1942 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from April 4 1939 to May 16 1942
that I last saw her alive on May 16 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased: March 22 1867
(Month) (Day) (Year)

Immediate cause of death: Coronary Arteriosclerosis Duration 10 day
Due to: Myocarditis ?
Due to: Hypertension ?
Other conditions: Cholelithiasis 76 ?
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
75 1 24 hr. min.

9. Birthplace St. Charles County MO 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Housekeeper

11. Industry or business _____
12. Name Henry H. Brunas
13. Birthplace St. Charles County MO 0
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Harding
15. Birthplace St. Charles County MO 0
(City, town, or county) (State or foreign country)

Major findings: Gall Stones 4/23/38
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ida Tindem
(b) Address 818 Jefferson St. - St. Charles, MO
17. (a) Burial (b) Date thereof May 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery
18. (a) Signature of funeral director Raymond A. Dur
(b) Address 326 N. 6th St. - St. Charles MO
19. (a) May 18, 1942 (b) Clarence G. Wesseler
(Date received local registrar) (Registrar's Signature)

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 Joe Jackson (M. D. or other) _____
Address St. Charles, MO Date signed 5-16-42

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

2
9
3

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..... *Arthur O. Base*

Licensed Embalmer No. *3154*

P. O. Address *St Charles 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.