

No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19733

State File No. _____

FILED JUN 20 1942 791
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5211

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:
Mo. Baptiste O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri Ill (b) County Macoupin

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

(d) Street No. Box 209
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luella M. Klocke

3. (b) If veteran, name war No.

3. (c) Social Security No. Nona

4. Sex Female / race White

5. Color or race _____

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

6. (b) Name of husband or wife Louis H. Klocke

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 14 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>9</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Preston

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

14. Maiden name Unk. Unk.

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

16. (a) Informant Louis H. Klocke

(b) Address Gillespe, Ill.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof (Month) (Day) (Year) _____

(c) Place: burial or cremation Gillespe, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 1/2 Washington Ave.

19. (a) JUN 10 1942 (Date received local registrar)

(b) J. J. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from June 5, 1942, to June 13, 1942
that I last saw her alive on June 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Sumner's Brain
Fr malignant

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 54 C

Major findings:
Of operations Same as above

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? _____

While at work _____ (Specify type of place)
(e) Means of injury O

23. Signature J. J. Bredek (M. D. or other)
Address 495 1/2 Maryland Date signed 6/13/42

84.4 (Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

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

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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 J. G. Sullivan
Licensed Embalmer No. 1122

P. O. Address.....

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.