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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28187

FILED SEP 8 1942

Registration District No. 84

Primary Registration District No. 114

Registrar's No. 1751

96
15
0

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

1. PLACE OF DEATH

(a) County St. Louis

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

(c) Name of hospital or institution: 7219 Murdock / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96

(c) City or town Shrewsbury 15 (If outside city or town limits, write "RURAL") 0

(d) Street No. 7219 Murdock (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Klausner

3. (b) If veteran, name war no

3. (c) Social Security No. 489-18-0631

4. Sex W 0

5. Color or race W

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

6. (b) Name of husband or wife Lena Klausner

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July 6, 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	12	hr. min.

9. Birthplace Indianapolis, Ind. (City, town, or county) / (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Joseph Klausner

(b) Address 7219 Murdock

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-1942 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) AUG 19 1942 (Date received local registrar) (b) E. G. McGaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Rupture of left auricle of heart

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations

Of autopsy Yes.

Duration

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 Louis H. Popp Coroner (M.D. or other)

Address Kirkwood, Mo. 8/18/42 Date signed

707

(Licensed Embalmer's Statement on Reverse Side)

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 John M Meyer

Licensed Embalmer No. 3788

P. O. Address Kirkwood, 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.