

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34819

State File No. _____

FILED NOV 6 1942

Registrar's No. 2137

Registration District No. _____

Primary Registration District No. 200

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

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town FERGUSON

(c) Name of hospital or institution: R. 10 FERGUSON 3 MI. N. of Chambers Rd. ON FLOISSANT RD.

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

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town FERGUSON

(d) Street No. RT. 10. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HENRY KLOSTERMANN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1942 hour 6 minute 15 P. M.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARGARETHA ASCHWEGE 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased SEPT. 23 1878 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-5-1942 to 10-12-1942 that I last saw him alive on 10-12-1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>0</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace St. Louis Co. Mo. 1 (City, town, or county) (State or foreign country)

Immediate cause of death apoplexy of cerebral hemisphere

Due to Chronic nephritis 1934

Due to arteriosclerosis 1930

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

10. Usual occupation FARMER.

11. Industry or business _____

12. Name HERMAN KLOSTERMANN

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

14. Maiden name ELIZABETH HEISTER

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

Major findings: Of operations 131X

Of autopsy 220

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Margaretha Klostermann

(b) Address Rt. 10, Ferguson, Mo.

17. (a) BURIAL (b) Date thereof Oct. 15 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALEM Luth. Church, Mo.

18. (a) Signature of funeral director Edward J. ...

(b) Address 1936 St. Louis Ave.

19. (a) OCT 18 1942 (b) C. G. Mc ... (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? ✓

(Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Ray Johnson (M. D. or other)

Address Ferguson Mo. Date signed 10/17/42

Dr. R. J. ... - ...

1-2

MAY 24 1943

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..... *[Signature]*
Licensed Embalmer No..... *3737*
P. O. Address..... *1936 St. Louis*

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.

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