

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(c) Name of hospital or institution City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1522 So. Broadway (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CLARA KLUEG

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fred M. Klueg 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased July 2, 1888 (Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Evansville Indiana / (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name - Toelke
13. Birthplace Evansville Indiana / (City, town, or county) (State or foreign country)
14. Maiden name Emma Pitmeyer
15. Birthplace Evansville Indiana / (City, town, or county) (State or foreign country)

16. (a) Informant L. Weggen
(b) Address 5405 Grand Blvd.

17. (a) Burial (b) Date thereof Nov 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cen

18. (a) Signature of funeral director Trick Bur
(b) Address 2201 S. Grand Bl.

19. (a) NOV 13 1942 (b) J. T. Bredeck (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1942 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from 11-3-42, 19____, to 11-10-42, 19____; that I last saw her alive on 11-10-42, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebellar degeneration on left side-
xxx Pulmonary Edema-Generalized Arteriosclerosis 11-5-42x.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 99

Major findings: Of operations _____
Of autopsy Yes.

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 Walter Moore (M. D. or other) MD
Address: 5400 Arsenal St. Date signed: 11/14/42

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

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address. *732 Lemay Road*

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.