

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

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: **LUTHERAN HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **St Louis**

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

(d) Street No. **2000 BELLEVUE**
(If rural, give location)

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

3. (a) PRINT FULL NAME **HULDA KLUEGEL**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **11** year **1943** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 22, 1942** to **Jan 11, 1943**; that I last saw her alive on **Jan 11, 1943**; 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 **Married**

6. (b) Name of husband or wife **Edwin Kluegel** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **January 14 1894**
(Month) (Day) (Year)

Immediate cause of death: **Acute Pneumonia** Duration 1 week

8. AGE: Years **48** Months **11** Days **28** If less than one day _____ hr. _____ min.

Due to **Sub-Acute yellow atrophy of liver of 3-4 mos.**

Due to **Under-ventilation**

9. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

Other conditions **Nephrosis** (Include pregnancy, within 3 months of death) Duration 1 week

11. Industry or business _____

12. Name **Edmund Seuel**

13. Birthplace **Albany NY**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Ostermeyer**

15. Birthplace **Indianapolis Ind**
(City, town, or county) (State or foreign country)

Major findings: **1945**

Of operations _____

Of autopsy **Acute yellow atrophy** Underline the cause to which death should be charged statistically.

16. (a) Informant **Edwin Kluegel**

(b) Address **2000 Bellevue Maplewood Mo**

17. (a) **BURIAL** (b) Date thereof **1-14 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Our Redeemer**

18. (a) Signature of funeral director **Beiderwieden Funeral Home Inc**
(Specify type of place)

(b) Address **1936 St. Louis Ave** (c) Means of injury

19. (a) **JAN 13 1943** (b) **J. P. Prudeck**
(Date received local registration) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(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? _____

23. Signature **Dr. Guy H. Koch** (M.D. or other)
Address **3113 S. Shawl** Date signed **1/12/43**

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.....

Delix J. Kripin

Licensed Embalmer No.....

3497

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.