

FILED MAR 2 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4624 Rosa Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Frank Klipsch**
(b) If veteran, name war **no**
(c) Social Security No. **no**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife **Josephine Klipsch**
(c) Age of husband or wife if alive..... years
7. Birth date of deceased **Nov. 19, 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **2** **27** hr. min.

9. Birthplace **Austria Hungary**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Policeman**

11. Industry or business

12. Name **Frank Klipsch**

13. Birthplace **Austria Hungary**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Austria Hungary**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. Josephine Klipsch**

(b) Address **4624 Rosa Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 19, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cm.**

18. (a) Signature of funeral director **Wick Borthers**

(b) Address **2201 S. Grand Bl.**

19. (a) **FEB 18 1943** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis Ave.**
(If outside city or town limits, write "RURAL")
(d) Street No. **4624 Rosa Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **16**
year **1943** hour **5** minute **0 A.** M.

21. I hereby certify that I attended the deceased from **7-14-35** 19. to **2-16-43** 19.;
that I last saw him alive on **2-16-43** 19.;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Duration **8 yrs**

Due to.....
Due to.....

Other conditions **Hypertension**
(Include pregnancy within 3 months of death) Duration **8 yrs**

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN

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)
(c) Means of injury.....
23. Signature **Wick Borthers** (M. D. or other)
Address **547 So Grand Bl** Date signed **2/27/43**

Wm. Stewart
4175. Stewart

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 *Nancy A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette

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.