

18880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 10 1943

Registration District No. 304Primary Registration District No. 6046Registrar's No. 6

1. PLACE OF DEATH

- (a) County St. Charles
 (b) City or town near New Melle
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20 years
years, months or days (Specify whether _____)8. (a) PRINT FULL NAME AUGUST LAWRENCE KLUMP8. (b) If veteran, name war Got in war. 8. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Dec 22 1868
(Month) (Day) (Year)8. AGE: Years 75 Months 5 Days 7 If less than one day _____ hr. _____ min.9. Birthplace St. Peters Mo (City, town, or county) (State or foreign country)10. Usual occupation Farm Land

11. Industry or business _____

12. Name Klump13. Birthplace Germany (City, town, or county) (State or foreign country)14. Maiden name Don't know15. Birthplace Germany (City, town, or county) (State or foreign country)16. (a) Informant's own signature Osmar Heithead(b) Address Wentzville Mo R #117. (a) Burial, cremation, or removal Burial (b) Date thereof June 1 1943 (Month) (Day) (Year)(c) Place: burial or cremation Wentzville mo18. (a) Signature of funeral director Wentzville
(b) Address Wentzville19. (a) June 30 1943 (Date received local registrar) (b) Gene Rickmers (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Charles
 (c) City or town near New Melle.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. Born in USA. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 19 minute 8 M.21. I hereby certify that I attended the deceased from Dec 20th
1942 to May 29th, 1943
that I last saw him alive on May 29th, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Acute myocarditisDue to Valvular disease & Arteriosclerosis & Old age.Due to _____
Other conditions Dropsy (Include pregnancy within 3 months of death)Major findings: No operation
Of operations _____Of autopsy No autopsy

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

- (a) Accident, suicide, or homicide (specify) No external cause
 (b) Date of occurrence _____
 (c) Where did injury occur? No injury (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 Benjamin Brandt (M. D. or other) Brandt
Address Wentzville Mo Date signed 5-29-43

Duration

Short

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 1-1-33

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 22 1948

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..... *Merwin M. Muehling*

Licensed Embalmer No. *2461*

P. O. Address *Wentzville*

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, above space should be left blank.