

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19766

State File No. _____

FILED JUL 8 1943 313

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5979

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3108 N. 20th St. /
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Ignatz, (Nat) Klueber

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Millie Klueber

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 21, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 1 8 hr. min.

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

10. Usual occupation Paper Hanger

11. Industry or business _____

MOTHER FATHER { 12. Name John I. Klueber

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Bernadina Kuehne

15. Birthplace Germany 7
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Anna Klueber

(b) Address 5327 Wells Ave.

17. (a) Burial (b) Date thereof July 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____
1431 Union Blvd.

19. (a) JUN 30, 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
17
726

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3108 N. 20th St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 29
year 1943 hour 5 minute 25 a. m.

21. I hereby certify that I attended the deceased from 3-2-1943 to 6-29-1943
that I last saw him alive on 6-29-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis liver

Duration 6 mo.

Due to _____

Due to Chyloperitonitis 1939

Other conditions Chyloperitonitis 1938
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations no

Of autopsy no

Underline the cause to which death should be charged statistically.

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 Roy Johnson (M. D. or other)

Address Ferguson Mo Date signed 6/29/43

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 *William J. Hines*

Licensed Embalmer No. *4319*

P. O. Address *St Louis Mo.*

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.