

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

OCT 30 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2400

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincent's Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Clinton
(c) City or town Breese
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Klutho, Mrs. Mary

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 Ms.

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

7. Birth date of deceased March 25 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 1 _____ hr. _____ min.

9. Birthplace Breese, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bernard Peek

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

14. Maiden name Anna Strooth

15. Birthplace Aviston Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Breese, Illinois

(b) Address Removal (b) Date thereof 10/26/43

(c) Place: burial or cremation Breese, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd

19. (a) OCT 27 1943 (b) E. K. McCarren, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day twenty-sixth
year 1943 hour 6:00 minute 20 AM.

21. I hereby certify that I attended the deceased from October 4
1943 to October 26, 1943;
that I last saw her alive on October 25, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive pneumonia
Cardiac failure at least 14 days
Due to hypertensive pneumonia 5 days

Due to _____
Other conditions Dentition, varicosities of legs 8 days
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy III C
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 W. B. Jytton (M.D. or other)
Address St. Vincent's Sanitarium Date signed _____

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

MOTHER FATHER

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 *Albert W. Neppre*

Licensed Embalmer No. *1860*

P. O. Address.....

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.