

FILED DEC 29 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11137

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:
3532 Bamberger 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 60 Years In St. Louis.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3532 Bamberger Ave
(if rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Klaus

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 Widow

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

7. Birth date of deceased Aug 12 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housewife.

12. Name Bernard Sieve

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

14. Maiden name Unknown

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

16. (a) Informant Christine Hampel

(b) Address 4226 Neosho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16/43 (Month) (Day) (Year)

(c) Place: burial or cremation New S. S Peter & Paul

18. (a) Signature of funeral director J. F. Bredick & Son

(b) Address 2906 S. Snows

19. (a) DEC 15 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1943 hour 12:50 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec. 12 1943 to Dec. 14 1943
that I last saw him alive on Dec. 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute dilatation of Heart. Duration 1 1/2 hr.
Due to 131
Due to _____

Other conditions (Include presence within 24 hours of death): Ch. Myocarditis
Ch. nephritis
Major Cause of death: Passive Congestion of Lungs PHYSICIAN
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 Wm. Simpson (M. D. or other) M.D.
Address 3739 Transit Date signed 12/14/43

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

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..... *David Van Fossen*

Licensed Embalmer No. *4242*

P. O. Address *2906 Travis Ave*

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.