

FILED JAN 4 1944  
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  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 842 Warder  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Clayton A. Klopfer

3. (b) If veteran, name war no 3. (c) Social Security No. unk.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winifred E. Klopfer 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 17, 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 4 7 hr. min.

9. Birthplace S. Bend Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Branch Manager  
11. Industry or business Allis Chambers Co.

MOTHER FATHER  
12. Name Michael G. Klopfer  
13. Birthplace Piqua Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Ella Price  
15. Birthplace N. Liberty Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Winifred E. Klopfer  
(b) Address 842 Warder Ave.  
17. (a) Removal (b) Date thereof 12/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation S. Bend, Indiana

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 7233 Delmar Blvd.  
19. (a) DEC 24 1943 (b) J. B. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24  
year 1943 hour 1030 minute 0 M.

21. I hereby certify that I attended the deceased from 5/25 1943 to 12/24 1943  
that I last saw him alive on 12/24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Valvular tuberculosis (1st marriage)

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy Valvular tuberculosis

Duration

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 [Signature] (M. D. or other)  
Address 634 W. Grand Date signed 12-24-43

634 No. Grand  
E.R. 2442  
1-4 P.M.

**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 Clarence H. Murray

Licensed Embalmer No. 4011

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.**