

W. W. ...
3041

State File No. _____

FILED JAN 3 1945
Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 2887

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(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 (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2816-Wise Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Katherine Ida Klausmeier

3. (b) If veteran, name war None

3. (c) Social Security No. 494-09-9633

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife _____

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

7. Birth date of deceased AUG. 20 1876
(Month) (Day) (Year)

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

67 4 1 hr. _____ min.

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

10. Usual occupation Seamstress

11. Industry or business Daersch Garment Co.

12. Name Frederick W. Klausmeier

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

14. Maiden name Unknown

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

16. (a) Informant Efrieda Olson

(b) Address 2816-Wise Ave-Overland, Mo.

17. (a) Removal (b) Date thereof 12-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Ind.

18. (a) Signature of funeral director Baumann Bros.

(b) Address 2504-Woodson Rd-Overland

19. (a) DEC 24 1943 (b) E. D. M. Larson, M.D.
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1943 hour 10 minute 07 A. M.

21. I hereby certify that I attended the deceased from Jan 30-
1943, to Dec 21, 1943
that I last saw her alive on Dec. 21-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myxomatous Pneumonia Duration 3 days

Due to Senile psychosis

Due to Chronic Arthritis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy None 10911

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) no

(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 Ray E. Haecker (M-D. _____)
Address 2438 Woodson Rd. Date signed 12-23/43

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

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JAN 7 1944

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 W G Peterson
Licensed Embalmer No. 3767
P. O. Address Overland 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.