

FILED JAN 31 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 608 E. Big Bend  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 1 1/2 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 608 E. Big Bend  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary (Mamie) Klohr

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 445-17-944

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 1 day 21 year 1944 hour About 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from 1-18 1944, to 1-21 1944  
that I last saw him alive on 1-20 1944  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color of race W

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

6. (b) Name of husband or wife Charles W. Klohr

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 6 21 1984  
(Month) (Day) (Year)

Immediate cause of death Acute Cardiac dilatation Duration 1 day

Due to Chronic myocarditis Sys

Due to Hypertension Sys

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

59 7 0 hr. min.

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

10. Usual occupation Dayworker

11. Industry or business Gettysburg Home

12. Name John Ready

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

14. Maiden name Mamie McEgan

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

16. (a) Informant W. G. Luyke

(b) Address Kirkwood, Mo.

17. (a) Burial (b) Date thereof 1-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director ELBERG GENERAL HOME, INC.

(b) Address WEESTER-GOVES, MO.

19. (a) JAN 26 1944 (b) E. G. McEgan, M.D.  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 D. W. Heslie (M. D. or other) M.D.

Address Kirkwood, Mo. Date signed 1/26/44

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

76  
4  
3

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**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 John M. Meyer  
Licensed Embalmer No. 3288  
P. O. Address Kerkwood, 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.**