

FILED MAR 27 1944 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

(c) Name of hospital or institution: 5318 Itaska Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years  
In this community 60 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
9

(d) Street No. 4008 Laclede Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME August T. Klanke

3. (b) If veteran, name war none

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th  
year 1944 hour 11:00 minute AM. M.

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased: July 26 1883  
(Month) (Day) (Year)

8. AGE: 60 Years 7 Months 21 Days  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

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

10. Usual occupation Asst. Shipping Clerk

11. Industry or business Geo. D. Barnard

MOTHER FATHER { 12. Name Henry Klanke

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

14. Maiden name Elizabeth Weigers

15. Birthplace New Orleans La.  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Klanke

(b) Address 5318 Itaska Ave.

17. (a) Burial (b) Date thereof 3-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion's Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) Map (b) J. J. Brudack  
(Date received here) (Registrar's signature)

Immediate cause of death Strangulation due to hanging when he was found hanging from the raft in the Dupo Basement of 1033 North St. by a Rope March 17-44 about 11:00 am

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 164 a

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) suicide

(b) Date of occurrence 3-17-44

(c) Where did injury occur? St. Louis Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Thomp. J. Callahan (M. D. or other) 19-44  
Address Deputy Coroner Date signed 3-19-44

---

---

**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 P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis*

**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.**