

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X3687

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13003**  
**4228**  
Registrar's No.

FILED MAY 13 1944

Registration District No. **13** Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State MO (b) County 37  
(c) City or town Marrison  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR #1  
(If rural, give location) CNR  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME:** Charlotte Kluck  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month May day 7  
year 1944 hour 37 minute 37 M.  
21. I hereby certify that I attended the deceased from 4-25 1944 to May 7 1944  
that I last saw live alive on May 6 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color White 6. (a) Single, widowed, married Married  
race White divorced  
6. (b) Name of husband or wife: Julius Kluck 6. (c) Age of husband or wife if alive 85 years  
7. Birth date of deceased: Sept 15 1888  
(Month) (Day) (Year)

Immediate cause of death: Embolic  
post-operative. Duration

**8. AGE:** Years 55 Months 7 Days 22 If less than one day hr. min.

Due to 126  
Due to  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace: Marrison MO  
(City, town, or county) (State or foreign country)

**MOTHER FATHER**  
11. Industry or business  
12. Name George Whertwine  
13. Birthplace Marrison MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Mattie Ochecky  
15. Birthplace Pershing MO  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
Major findings: gall stones  
Of operations  
Of autopsy none  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Carl Newson  
(b) Address 1185 Hodson  
17. (a) Burial (b) Date thereof: May 10 1944  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Yudensky

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

18. (a) Signature of funeral director: Louis J. Bopp  
(b) Address Rockwood MO  
19. (a) MAY 8 1944 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

23. Signature R. Ryland (M. D. or other)  
Address 7903 Park Date signed

**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 Felix Almand

Licensed Embalmer No. 3034

P. O. Address Kutwood md

**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.**