

FILED DEC 5 1944 318

1003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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: 1841 N. Market St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 79 years (Specify whether years, months or days)

In this community 79 years

3. (a) PRINT FULL NAME Mrs. Antonia Klemper

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color of race white

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

6. (b) Name of husband or wife late Fred Klemper

6. (c) Age of husband or wife if alive 14th. 1864 years

7. Birth date of deceased: December 14th. 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Jochim Deister

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Franklin

(b) Address 6135a Deway

17. (a) Burial (b) Date thereof 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2223 St. Louis Ave.

19. (a) NOV 24 1944 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **9954**

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

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

(d) Street No. 1841 N. Market St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
year 1944 hour 12 minute 25 M.

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.

Immediate cause of death _____

Due to Coronary Thrombosis

Due to _____

Other conditions 94
(Include pregnancy within 3 months of death)

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) _____

(c) Means of injury Basin

23. Signature James J. [unclear] (M. D. or other) 11/24/44

Address 1300 [unclear] Date signed 11/24/44

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. Beechholz*
Licensed Embalmer No. *1674*
P. O. Address. *2223 St. Louis Ave*

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.