

Registration District No. _____ Primary Registration District No. _____

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:
5635 Clemens Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5635 Clemens Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Walter J. Klie

3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Mary R. Klie 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Nov. 16th., 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Millinery Sales

11. Industry or business _____

MOTHER FATHER { 12. Name William Klie
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Worley
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary R. Klie
(b) Address 5635 Clemens Ave.

17. (a) Burial (b) Date thereof 12-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic
18. (a) Signature of funeral director Arthur J. Bonnelly
(b) Address 3840 Lindell Blvd.

19. (a) NOV 30 1944 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th.,
year 1944 hour 6 minute 10 AM/PM

21. I hereby certify that I attended the deceased from 1930, 19____ to to date, 19____
that I last saw him alive on Nov 28, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, lung
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) HT
Major findings: Of operations _____
Of autopsy _____

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? _____

(Specify type of injury) _____
While at work _____
23. Signature Harford Phillips (M. D. or other)
Address 1117 N. Union Date signed 11-30-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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 H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.