

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAR 16 1945
Registration District No. 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,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4522 Greer 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)

3. (a) PRINT FULL NAME Sophia Klump

3. (b) If veteran, name war - - - - -

3. (c) Social Security No. None

4. Sex Female! race White

5. Color or race White

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

6. (b) Name of husband or wife Joseph Klump

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

7. Birth date of deceased April 4, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>0</u>hr.min.

9. Birthplace Perryville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name John Emmendorfer

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

14. Maiden name Maria Reislenger

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

16. (a) Informant Gilbert Klump

(b) Address 4522 Greer Ave

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3/6/45
(Month) (Day) (Year)

(c) Place: burial or crematory Perryville Mo.

18. (a) Signature of funeral director Stroot - Carroll
(Specify type of place)

(b) Address 4600 Natural Bridge Ave
(Specify type of place)

19. (a) MAR 5 1945 (Date received local registrar)

Frøedrich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town 4522 Greer Ave
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1945 hour 7 minute 0

21. I hereby certify that I attended the deceased from APR 10/1945
to MAR 4 1945

that I last saw er alive on MAR 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of Intestine
Gonorrhea
Primary in Intestine

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) Hb

Major findings:
Of operations.....

Of autopsy.....

Duration

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?..... (e) Means of injury.....

23. Signature Frøedrich (M. D. or other)
Address 1578 Maple Date signed 5/8

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

Alfred J. Poedeken

Licensed Embalmer No.

2663

P. O. Address

5934 Alpha

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.