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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38529

Registration District No. 317 Primary Registration District No. 6676 Registrar's No. 2630

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9324 Niles Place
(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 Missouri (b) County St Louis 96

(c) City or town ~~St Louis~~ 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9324 Niles Place 0
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Margaret Kluge

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Paul R. Kluge

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 7, 1881 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace New Athens (City, town, or county) Illindis (State or foreign country)

10. Usual occupation housewife.

11. Industry or business .....

FATHER
12. Name Gustav Huppert
13. Birthplace Not known (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Elizabeth Meng
15. Birthplace St Clair County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Paul R. Kluge
(b) Address 9324 Niles Place

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) 11-17-45 (Date received local registrar) (b) E G McGarron MD (Registrar's signature) MSL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13
year 1945 hour 3 minute ..... M.

21. I hereby certify that I attended the deceased from 1941
....., 19..., to death, 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	12 hrs.
Due to arteriosclerosis	
Due to 94-2	
Other conditions (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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Fabian J Burke (M. D. or other) M.D.
Address 3115 S Grand Date signed 11-15-45

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Grovis

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.