

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED JAN 25 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **513**  
**584**  
 Registrar's No. \_\_\_\_\_

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 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:  
Alexian Bros. Hospital **0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 45das.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4133 Virginia Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bernard Klostermann  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Male ( ) 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 78 years  
 7. Birth date of deceased June 15 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 17th  
 year 1946 hour 5 minute 45A. M.  
 21. I hereby certify that I attended the deceased from Dec 1 1945 to 1-16 1946  
 that I last saw him alive on 1-16 1946  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>8</u>	hr. min.

Immediate cause of death  
Chronic angina pectoris?  
 Due to \_\_\_\_\_  
 Due to Senility  
 Other conditions Senility  
(Include pregnancy within 3 months of death)

9. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Foreman Retired 20yrs.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy No  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Don't Know  
 13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)  
 14. Maiden name Don't Know  
 15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Klostermann  
 (b) Address 7001 Trainor Ct.  
 17. (a) Burial (b) Date thereof 1/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New SS: Peter & Paul

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? \_\_\_\_\_

18. (a) Signature of funeral director Gebken-Benz Mort  
 (b) Address 2842 Meramec St.  
 19. (a) JAN 18 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury 0  
 23. Signature J. P. Jerny (M. D. or other)  
 Address 2065 50th Grand Date signed 2/17/46

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**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Laron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

St. Louis, Mo.

**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.**