

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1108

1. PLACE OF DEATH:

(a) County... **St. Louis, Missouri**

(b) City or town... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony's Hospital
(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.....

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

(d) Street No. **6149 Marwinette**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Victor J. Klutho**

3. (b) If veteran, name war **World War I**

3. (c) Social Security No. **492-09-7389**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **30th**
year **1946** hour **7** minute **05** p. M.

4. Sex **Male** 0

5. Color or race **White**

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

6. (b) Name of husband or wife... **Lydian Klutho**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased... **April 6, 1887**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 28**, 19**45** to **Jan 7**, 19**46**
that I last saw h. (h) alive on **Jan 7**, 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

58 **9** **24** hr. min.

Immediate cause of death.

Acute Dilatation of Heart **2 hrs**

Due to **Chronic Myocarditis** **2 yrs**

Due to **Carcinoma of prostate** **unknown**

Other conditions (include pregnancy within 3 months of death) **none**

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

10. Usual occupation **Salesman**

Major findings: **Carcinoma of prostate**

Of operations.....

Of autopsy **Carcinoma of prostate & generalized arteriosclerosis**

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

11. Industry or business.....

MOTHER FATHER { 12. Name **Victor J. Klutho**

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

14. Maiden name **Mary Storr**

15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lydian Klutho**

(b) Address **6149 Marwinette**

17. (a) **Burial** (b) Date thereof **2-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS Peter & Paul**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S. Grand Blvd.,**

19. (a) **FEB 1 1946** (b) **J. F. Brebeck**
(Date received local registration) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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? (a) Means of injury **no**

23. Signature **A. H. H. M.D.** (M. D. or other) **M.D.**
Address **3609 S. Grand** Date signed **2-1-46**

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

2714

Dr Shelton

4703 VA.

1:30 to 3 PM

LA 6 F 07

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 J. Wm Binkley
Licensed Embalmer No. 365
P. O. Address 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.