

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

**FILED FEB 18 1946**  
Registration District No. **3180**

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:  
3911 SHAW BLVD!  
(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** MARY CHRISTINA KLUMP

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES KLUMP

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased FEB. 27 1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>11</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace PERRYVILLE MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

**MOTHER** { 12. Name PATRICK O'MARA

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

14. Maiden name CHRISTINA BREWER

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

16. (a) Informant MR. JAMES KLUMP

(b) Address 3911 SHAW BLVD

17. (a) BURIAL (b) Date thereof FEB 9 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Wm J. Robert & Co.

(b) Address 1905 S Grand Blvd.

19. (a) FEB 8 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 000

(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 3911 SHAW BLVD  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month FEB. day 6<sup>th</sup>  
year 1946 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from NOV 1 1945  
to Feb 6 1946  
that I last saw her alive on Feb 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to Cancer

Duration 6 Mo

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) [Signature]

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 3608 S Grand Date signed 2/7/46

**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.....

*Ronald Yahrke*

Licensed Embalmer No. *3917*

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.**