

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11324**

FILED MAR 27 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2407**

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:
1309a Sidney /
(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 **Frank N. Klemsch**
3. (b) If veteran, name war _____
3. (c) Social Security No. **490-03-4841**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Clara**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **November 11 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 29 hr. min.

9. Birthplace **Hungary** 4
(City, town, or county) (State or foreign country)
10. Usual occupation **Maintenance Man**

MOTHER FATHER
11. Industry or business _____
12. Name **Anton Klemsch**
13. Birthplace **Hungary** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Katherine Burkhardt**
15. Birthplace **Hungary** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clara Klemsch**
(b) Address **1309a Sidney**
17. (a) **Cremation** (b) Date thereof **3/13/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mo. Crematory**

18. (a) Signature of funeral director **Jos. P. Fendler, Jr.**
(b) Address **7128 Michigan Ave.**

19. (a) **MAR 12 1946** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **23 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **1309a Sidney** **9**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **10**
year **1946** hour **8.35** minute **A.M.**
21. I hereby certify that I attended the deceased from **June 1944**
_____ 19 _____ to **March 9** 19 **46**
that I last saw him alive on **Mar 9** 19 **46**
and that death occurred on the date and hour stated above.
Immediate cause of death **Carcinoma Urinary**
of Bladder Duration **1 yr**

Due to _____
Due to **52**
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Altheimer** (M. D. or other) **M.D.**
Address **508 N. Grand** Date signed **3-12-46**

(Licensed Embalmer's Statement on Reverse Side)

Heideman

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

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.....

George N. Archambault

Registered Apprentice No. XXXXX

working under my personal supervision.

Signed 

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.