

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
X 36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 14908  
Registrars No. 3342

FILED APR 24 1946  
Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St Louis Mo.  
(b) City or town St Louis Mo.  
(c) Name of hospital or institution: CITY HOSPITAL No 1  
(d) Length of stay: In hospital or institution 6 Weeks  
In this community 57 Years In St. Louis

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis, Mo. 14-17  
(d) Street No. 4938 A Walsh St  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME THERESA KLOSTER  
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, WIDOW 2  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug. 22 1869

8. AGE: 76 Years 7 Months 18 Days If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife.

12. Name Clemens Klaas

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

14. Maiden name Unknown

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

16. (a) Informant Caroline McLearn

(b) Address 4938A Walsh St

17. (a) Burial (b) Date thereof April 13/46

(c) Place: burial or cremation Old S.S. Peter & Paul  
18. (a) Signature of funeral director J.F. Brudick  
(b) Address 2906 Gravois Ave.  
19. (a) Date received local registrar ADD #1 1946 (Registrar's signature) J.F. Brudick

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 10  
year 1946 hour 5.30 minute M.  
21. I hereby certify that I attended the deceased from  
that I last saw h. alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden cardiac arrest  
Signature of doctor: [Signature]  
Duration: [Blank]  
Due to: [Blank]  
Other conditions: [Blank]

Major findings: 18  
Of operations: 18  
Of autopsy: 18  
PHYSICIAN: [Signature]

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accidental  
(b) Date of occurrence Jan 8, 1946  
(c) Where did injury occur? [Blank]  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? [Blank] (e) Means of injury 5 above  
23. Signature: [Signature] (M.D. or other) [Signature]  
Address: [Blank] Date signed: 4/12/46

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

13808

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

Signed.....

*Leo J. Budde*

Licensed Embalmer No. *3989*

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.**