

FILED JUN 20 1946

Primary Registration District No. 3069

Registrar's No. 1266

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 97
(c) City or town Alton
(If outside city or town limits, write "RURAL")
(d) Street No. 201 E. 8th St.
(If rural, give location)
(e) Citizen of foreign country?.....
(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Elmer Reed Klaus, Sr.

3. (b) If veteran, name war Nil
3. (c) Social Security No. 327-07-9548

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Klaus
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased October 13 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 27 hr. min.

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

10. Usual occupation Accountant

11. Industry or business

MOTHER { 12. Name Albert D. Klaus
13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Mary Reed
15. Birthplace Pitts Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Klaus, Jr.
(b) Address Alton, Ill.

17. (a) Burial (b) Date thereof 6-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset, Burial Park

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 6-11-46 (b) E. G. McSarsan, Reg.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from April 25
1946 to June 9, 1946
that I last saw him alive on June 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Purulent bronchitis Duration 3 days
Due to Bronchiogenic carcinoma 6MO?
Due to 47-C

Other conditions.....
(include pregnancy within 3 months of death)

Major findings: Confirmed above
Of operations.....
Of autopsy Confirmed above

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.....
3. Signature James L. Mudd (M. D. or other)
Address 1634 N. Grand Date signed 6/10/46

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

20195

E. G. McSarsan

DEC 22 1944

JUL 8 7 00

JUL 24 1945

JUL 11 1946

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 *Henry W. Brammer*

Licensed Embalmer No. 4200

P. O. Address.....

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.