

FILED JUN 20 1946

STANDARD CERTIFICATE OF DEATH

State File No. 21913

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4953

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:  
Residence; 5702 Enright Ave.,  
(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 AUGUSTA KLOSTERMAN.

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 Widowed

6. (b) Name of husband or wife Edward R. Klosterman.

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

7. Birth date of deceased August 7 1863  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name unknown Kamensteadt.

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

14. Maiden name unknown

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

16. (a) Informant Miss. Celeste Klosterman.

(b) Address 5702 Enright Ave.,

17. (a) Burial (b) Date thereof 6/4/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.,

19. (a) JUN 3 1946 J. F. Bredbeck  
(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. 5702 Enright Ave.,  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June 1st Day \_\_\_\_\_  
year 1946 hour 11:15 minute 4 M.

21. I hereby certify that I attended the deceased from May 1946 to June 1 1946  
that I last saw her alive on May 27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 5 minutes

Due to Coronary disease (chronic) 5 yrs  
Myocarditis (chronic) 5 years

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

Other conditions Arteriosclerosis 10 yrs  
(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 J. E. Jones (M. D. \_\_\_\_\_)

Address 2506 Elm St Date signed June 4 1946

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

Dr. W. C. Jones  
Foster Block  
RD - 2866  
2 to 4 P.M.

JUN 29 1956

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 Raymond L. Harris  
Licensed Embalmer No. 4330

P. O. Address Maplewood N.J.

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.