S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25321

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6174

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Yrs. 8 Mo. 16 Da (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Out.

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

(d) Street No. 5800 Arsenal St.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA HELTON

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN. (Month) 19 (Day) 1878 (Year)

8. AGE: Years 68 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation NIL.

11. Industry or business

FATHER
12. Name FRED KLASING
13. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH ABELING KLASING
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant ST. LOUIS, MO.
(b) Address CITY INFIRMARY RECORDS

17. (a) Burial (Burial, cremation, or removal) 5800 Arsenal St., (b) Date thereof 7 (Month) 15 (Day) 46 (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Kriefshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 13 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 12 year 1946 hour 7:30 A.M. minute M.

21. I hereby certify that I attended the deceased from July 2, 1946, 19, to July 12, 1946, 19; that I last saw her alive on July 12, 1946, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — Duration 20 min.
C.V.A. right 1944 plus
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Autopsy requested, but family refused.

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

23. Signature Paluma Amanie Bowlin (M. D. or other)
Address 5800 ARSENAL ST. Date signed 7-12-46

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.