

S. No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25430

FILED JUL 26 1946
318

State File No.

Registration District No. Primary Registration District No.

Registrar's No. 6201

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:
Frisco Employes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether in this community years, months or days) Since Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 8924 Halls Ferry Road
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM F. KLASING

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cecelia (Mimlitz)

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 13, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	2	0	hr. min.

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

10. Usual occupation Clerical Work

11. Industry or business Frisco Hospital

MOTHER FATHER

12. Name William Klasing

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

14. Maiden name Louise Mueller

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

16. (a) Informant Mrs. Cecelia Klasing

(b) Address 8924 Halls Ferry Road

17. (a) Burial (b) Date thereof 7/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) JUL 15 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1946 hour 9:22 minute 10 M.

21. I hereby certify that I attended the deceased from 7/10 - 1946 to 7/13 - 1946
that I last saw him alive on 7/13 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis and heart failure
Due to Septic Peritonitis

Duration
2 da
3 da

Due to Septic Peritonitis

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings: No operation
Of operations

Of autopsy No 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 Empfessenden (M.D. or other)

Address 475 46 Date signed 7/13/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

Signed *Gustav W. Schulte*

Licensed Embalmer No. *4329*

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.