S. No. 2
M—5-43
v. 5-17-39
I X366

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23432

FILED AUG 30 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6465

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

24282

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: DE PAUL or 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)

In this community JOHN MEEHAN

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 5742 PAGE BLVD.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME INFANT KLOS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. O

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 16 (Day) 1946 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	—	—	5	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name LENARD A. KLOS
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name DORTHY TARLETON
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant MRS. A. TARLETON
(b) Address 5742 PAGE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation CALVERY

18. (a) Signature of funeral director M. J. Gwyhan
(b) Address 7146 MANCHESTER

19. (a) JUL 23 1946 (Date received local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 21st year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 7-16-46, 19 , to 7-21, 1946; that I last saw him alive on 7-21, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mediastinitis	
Due to Atresia of Esophagus	
Due to Tracheal Esophageal fistula	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Atresia of Esophagus Tracheal Esophageal

Of autopsy Some fistula

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 Thomas Meier (M.D. ~~or other~~)

Address 4500 Olive Date signed 7-22-46

(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 John Ogonoski

Licensed Embalmer No. 3398

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.