

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **11110**
Registrar's No. **3323**

Registration District No. _____ Primary Registration District No. _____

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:
3741 Maffitt avenue
(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 Emily Klages
3. (b) If veteran, name war no **3. (c) Social Security** No. none
4. Sex female **5. Color or race** white **6. (a) Single, widowed, married, divorced** married
6. (b) Name of husband or wife John Klages **6. (c) Age of husband or wife if** 64 **years**
7. Birth date of deceased October 16 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 10 hr. _____ min.

9. Birthplace Welgee Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business at home
12. Name Herman Welge
13. Birthplace Welgee Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Hermanita Sickmeyer
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant John Klages
(b) Address 3741 Maffitt
17. (a) burial **(b) Date thereof** March 29-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director A. Kron
(b) Address 2707 North Grand Blv'd
19. (a) MAR 28 1947 **(b) J. F. Bredenk**
(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") 11/17
(d) Street No. 3741 Maffitt avenue
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1947 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from March 11
1947 to March 26 1947
that I last saw her alive on March 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy **Duration** 12 days
Due to _____
Due to 87
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none
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 John A. Hating (M. D. or other) MD.
Address 2807 N. Grand Date signed 3/27/47

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

Stanley A. Dixon

Licensed Embalmer No.

4193

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.