

FILED JUN 14 1947  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19036  
Registrar's No. 5585

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County... ST LOUIS, MISSOURI  
(b) City or town... ST LOUIS, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Barnes Hospital, ( )  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3hr  
(Specify whether years, months or days)  
In this community \_\_\_\_\_  
(years, months or days)

3. (a) PRINT FULL NAME BENJAMIN HENRY KLOBE

3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Bertha Klobe  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 30 1884  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perry Co. MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name Adam Klobe

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

14. Maiden name Unknown

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

16. (a) Informant Dorothy Huber

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof 6-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 5 1947 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 7?  
(c) City or town Perryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4  
year 1947 hour 1:45 minute 35 p. M.

21. I hereby certify that I attended the deceased from 6-4-47, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on 6-4-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus  
Due to Thrombosis of leg veins 5 days  
Duration 5 days

Other conditions Pulmonary infarcts old 5 days  
(Include pregnancy within 3 months of death)  
Arterio & hypertensive and vascular changes

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Pulmonary embolus & infarct  
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 G. E. Elliott (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed \_\_\_\_\_

AUG 7 1947

---

---

**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 S. Penneby*  
Licensed Embalmer No. *4194*  
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.**