No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35941

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. [illegible]

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 3525a Chippewa St.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3525a Chippewa St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LOUISE KLOKER

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 Fred Kloker

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

7. Birth date of deceased January (Month) 28 (Day) 1876 (Year)

8. AGE: Years 71 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Highland (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Feigenbutz
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sevilla Adams
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Jos. H. Herman
(b) Address 3525a Chippewa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 S. Kingshighway Blvd.

19. (a) OCT 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th year 1947 hour 4:00 minute A.M.

21. I hereby certify that I attended the deceased from April 15, 1946 to October 27, 1947 that I last saw her alive on October 27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive cardio-vascular renal disease.	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 Ed L. Walters (M.D. or other) M.D.
Address 2227 S. Broadway Date signed 10-29-47

Jefferson City Printing Co. (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. Stoversund

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.