

Registration District No. **318** Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
 (a) County.....  
 (b) City or town..... **SAINT LOUIS, MISSOURI**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution.....  
**4110a MARGARETTA 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..... **LIFE**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State..... **MISSOURI** (b) County..... **jac**  
 (c) City or town..... **SAINT LOUIS** **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **4110a MARGARETTA AVENUE** **9**  
(If rural, give location) **0**  
 (e) Citizen of foreign country?..... **NO** (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME**..... **EMMA K. KLANKE**  
**3. (b) If veteran,** name war.....  
**3. (c) Social Security No.**.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month..... **JANUARY** day..... **30th**  
 year..... **1948** hour..... **12** minute..... **10** A. M.

**4. Sex**..... **FEMALE** **5. Color or race**..... **WHITE**  
**6. (a) Single, widowed, married, divorced**..... **SINGLE**  
**6. (b) Name of husband or wife**.....  
**6. (c) Age of husband or wife if alive**..... years  
**7. Birth date of deceased**..... **JANUARY 19th, 1871**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**..... **November 15, 1946** to **January 30, 1948**  
 that I last saw him alive on **January 29, 1948**  
 and that death occurred on the date and hour stated above.  
Duration

**8. AGE:**  
 Years..... **77** Months..... **0** Days..... **11**  
 If less than one day..... hr..... min.....

Immediate cause of death.....  
**Carcinomatosis, generalized** **6 mos.**

**9. Birthplace**..... **SAINT LOUIS, MISSOURI** **7**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation**..... **SAMPLE MAKER**

Due to.....  
**Primary carcinoma of the right breast** **6 yrs.**  
 Due to.....

**11. Industry or business**..... **R. LOWENBAUM DRESS COMPANY**

Other conditions..... **50**  
(Include pregnancy within 3 months of death)

**12. Name**..... **AUGUST KLANKE**  
**13. Birthplace**..... **SAINT LOUIS, MISSOURI**  
(City, town, or county) (State or foreign country)  
**14. Maiden name**..... **CAROLINE SEFERT**

PHYSICIAN.....  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 Underline the cause of which death should be charged statistically.

**15. Birthplace**..... **GERMANY** **4**  
(City, town, or county) (State or foreign country)

**16. (a) Informant**..... **AMELIA POERTNER**  
**(b) Address**..... **4110a MARGARETTA AVENUE**  
**17. (a) BURIAL**..... **(b) Date thereof**..... **2/2/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation**..... **ZION CEMETERY**

**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?..... (a) Means of injury..... **0**

**18. (a) Signature of funeral director**..... **CALVIN F. FEUTZ**  
**(b) Address**..... **4828 NATURAL BRIDGE BOULEVARD**  
**19. (a) JAN 30 1948**..... **(b) J. F. Branson**  
(Date received local registrar) (Registrar's signature)

**23. Signature**..... **Charles R. [Signature]** (M. D. or other)  
**Address**..... **3911 Lee Avenue** **Date signed**..... **1/30/48**

DR. CHARLES E. MARTIN,  
3911 LEE AVENUE,  
CENTRAL 2313,  
11:00 A. M. FRIDAY.

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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 A. Mlinar*

Licensed Embalmer No

*4186*

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.