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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3521

FILED JAN 21 1948

Registration District No. 1947

Primary Registration District No. 6076

Registrar's No. 109

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O'Sullivan Nursing Home, 3715 St. Ann's Lane
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 3715 St. Anns's Lane
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry F. Klueter

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillian Klueter

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

7. Birth date of deceased June 28, 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	14	hr. min.

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

10. Usual occupation Retired

11. Industry or business

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

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

16. (a) Informant M. J. Klueter
(b) Address 3844a Ashland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery.

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) 1-14-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12, year 1948 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from August 1, 1947, to January 12, 1948 that I last saw him alive on January 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of the liver	6 mos.
Due to	
Due to 1248	
Other conditions Arteriosclerosis (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 Lewis Littmann (M. D. or other) MD
Address 8231 Clayton Rd Date signed 1/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1948

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. Mlmar

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.