. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 14 1948
Registration District No. 310

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9860
Primary Registration District No. 3058
Registrar's No. 62

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-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 Robertson 0
(If outside city or town limits, write "RURAL")
(d) Street No. Natural Bridge 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Ida Klaus
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Emil
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March (Month) 1 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	0	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Larson
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Emil Klaus
(b) Address Robertson, Mo. R#1-Box 90
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland, Mo.
19. (a) 3-31-48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature) 1011

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1948 hour 8 minute 47 P. M.
21. I hereby certify that I attended the deceased from 11/27 1948 to 3/29 1948
that I last saw her alive on 3/29 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	?
Due to: Essential Hypertension	?
Due to: Generalized Arteriosclerosis	?
Other conditions: Old Rt. Hemiplegia (Include pregnancy within 3 months of death)	4 yr

Major findings:
Of operations No 830
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
31. Signature R O Hayden (M. D. or other) MD
Address St Charles Mo Date signed 3/3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 12 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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 1x 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.