FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25020

Registrar's No. 1869

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 days (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [redacted] 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 502 Dover Place 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME KLAYER, Oscar F.

3. (b) If veteran, name war WW-i & WW-II

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Pauline Klayer

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 28, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	5	hr. min.

9. Birthplace Cincinnati, Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired soldier

11. Industry or business —

FATHER
12. Name John Klayer 1
13. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Klayer 1
15. Birthplace Cincinnati, Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VAH

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/1948
(Month) (Day) (Year)

(c) Place: burial or cremation Nat'l Cem. Jeff.Brks.,Mo.

18. (a) Signature of funeral director C. Hoffmeister Fun.Home

(b) Address 7814 So.Bdway., St.Louis,Mo.

19. (a) 8-4-48 (Date received local registrar) (b) Paul A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1948 hour 11:05 minute p. M.

21. I hereby certify that I attended the deceased from June 25, 1948, to August 3, 1948, that I last saw him alive on August 3, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BRONCHOGENIC CARCINOMA WITH MASSIVE METASTASIS TO LIVER	Unk
Due to	
476	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None

Of autopsy Autopsy performed (see cause of death)

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) No

(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? L. E. Stilwell (c) Means of injury 0

23. Signature L. E. STILWELL (M. D. ~~or other~~)

Address VAH, Jeff.Brks.,Mo. Date signed 8/4/48

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 1948

DEC 2 1948

AUG 17 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 Louis C. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broa

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.