

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

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

FILED SEP 13 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27908
Registrar's No. 7612

Registration District No.

Primary Registration District No.

1003

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: 4912 N. Broadway
(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 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Anna M. Klose

3. (b) If veteran,

name war None

3. (c) Social Security No.

None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Charles H. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased December 13, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Fred Holste
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louderback
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Holste

(b) Address 4912 N. Broadway

17. (a) Burial (b) Date thereof 9-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) AUG 30 1948 (Date received local registrar)
J. F. Brodeur (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4912 N. Broadway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1948 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8/15/48 to 8/29/48
that I last saw him alive on 8/29/48
and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy
Duration 7 days

Due to hypertension 2 1/2 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy _____
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) _____
(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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature J. F. Brodeur (M. D. or other)
Address 4912 N. Broadway Date signed 8/29/48

(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.....

Licensed Embalmer No. *4282*

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.