

#88628
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

27909

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7408

1. PLACE OF DEATH:

(a) County.....**St. Louis, Missouri.**
(b) City or town.....**St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

CLARA KLUEBER

3. (b) If veteran,
name war.....**No**

3. (c) Social Security
No.....**None**

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.....**Aug. 5, 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 17 hr. min.

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

10. Usual occupation.....**Housework**

11. Industry or business.....

12. Name.....**John T. Kluber**
13. Birthplace.....**Germany**
(City, town, or county) (State or foreign country)
14. Maiden name.....**Bernadine Kooney**
15. Birthplace.....**Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Mrs. E. E. E.**
(b) Address.....**5327 Wells Ave.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof.....**Aug. 25, 1948**
(Month) (Day) (Year)

(c) Place of burial or cremation.....**Calvary Cemetery**

18. (a) Signature of physician.....**Dr. J. F. Brundage**
(b) Address.....**1331 Union Blvd.**

19. (a) **AUG 24 1948**
(Date received local registrar)

(b) **J. F. Brundage**
(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. **5327 Wells Ave.**
Memorial (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**Aug.** day.....**22nd**
year.....**1948** hour.....**12** minute.....**05 AM**

21. I hereby certify that I attended the deceased from **8/7/48**
19..... to..... **Aug. 22nd** 19..... **48**
that I last saw **her** alive on **Aug. 22nd** 19..... **48**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cancer, site undetermined

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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).....
(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?.....
Means of injury.....**Auto**

Signature.....**1515 Lafayette** 8/24/48
Address..... Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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

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.

James Neher
Signed.....
Licensed Embalmer No.....
P. O. Address.....

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.