

FILED AUG 23 1948

Registration District No. 218

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27910

Registrar's No. 7357

1. PLACE OF DEATH:

- (a) County..... St. Louis
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... Children's Hospital 0
(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

Vernon Daniel Klumb

3. (b) If veteran,

name war.....

3. (c) Social Security No.

4. Sex male 0 race white 5. Color or divorced Single 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..... 7 (Day) 47 (Year)

8. AGE: Years Months Days If less than one day
✓ 1 7 14 hr. min.

9. Birthplace: Louisville Ky. (City, town, or county) (State or foreign country)

10. Usual occupation: Child

11. Industry or business.....

12. Name: Vernon Klumb

13. Birthplace: St. Louis Mo 0 (City, town, or county) (State or foreign country)

14. Maiden name: Ernestine Warren

15. Birthplace: Louisville Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Ernestine Klumb

- (b) Address: Louisville Ky

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-22-48 (Month) (Day) (Year)

- (c) Place: burial or cremation: Louisville Ky

18. (a) Signature of funeral director: Albert H. Hoppe

- (b) Address: 4700 Washington

19. (a) AUG 22 1948 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State: Kentucky (b) County: Jefferson
(c) City or town: Louisville 997
(If outside city or town limits, write "RURAL") 15
(d) Street No.: 1555 Kentucky Av 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 21
year: 1948 hour: 1:00 pm minute: — M.

21. I hereby certify that I attended the deceased from Aug 11 1948 to Aug 21 1948
that I last saw him alive on Aug 21 1948
and that death occurred on the date and hour stated above
Duration

- Immediate cause of death: Cardiac Failure
asphyxia

- Due to: Coronary Artery Disease
Pulmonary Stenosis

- Due to: Congestive Heart Failure
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- Other conditions: (Include pregnancy within 3 months of death)

- Major findings: Of operations:

- Of autopsy: Stenosis of pylorus
valve of the left ventricle

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? (Specify type of place) Means of injury.....

23. Signature: Dr. L. Thurston (M. D. or other)

- Address: Children's Hosp Date signed: 8/21/48

- Don L. Thurston

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

MOTHER - FATHER

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. 2921

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.