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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31199

FILED SEP 24 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8042

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: EN Route ST. LOUIS CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 0 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL") 0

(d) Street No. 3522 a N. 22nd
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMILY LEDGER

3. (b) If veteran, name war

3. (c) Social Security No. 489-07-8481

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife

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

7. Birth date of deceased MARCH (Month) 4 (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	71	6	9	hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation FORELADY

11. Industry or business OWENS PAPER BOX CO.

FATHER
12. Name WILLIAM KLAGES
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA RAPP
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. Joseph MESTRES
(b) Address 2638 MINNESOTA

17. (a) CREMATION (b) Date thereof SEPT. 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) SEP 14 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 13
year 1948 hour 2:30 minute A.M.

21. I hereby certify that I attended the deceased from
19 , to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94a

Major findings:
Of operations
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 3

23. Signature Patrick E. Taylor Dep. Cor. (M. D. or other)
Address 1300 Clark Date signed 9-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2249 St. Louis Oc 1810

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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 Hanne C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

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.