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FILED NOV 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34350

Registrar's No. 9539

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:  
FIRMINO DESLOGE Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 WEEK  
In this community. 39 YEARS  
years, months or days

3. (a) PRINT FULL NAME MARIE KLAUS

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married. divorced 95 Y.

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

7. Birth date of deceased AUG. 26 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 2 5 hr. min.

9. Birthplace HUNGARY  
(City, town, or county) (State or foreign country)

10. Usual occupation OFFICE WORKER

11. Industry or business.....

12. Name ANTON KLAUS

13. Birthplace.....  
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE BERTON

15. Birthplace.....  
(City, town, or county) (State or foreign country)

16. (a) Informant ANTON KLAUS I

(b) Address 2257 INDIANA

17. (a) BURIAL (b) Date thereof NOV. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CON.

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 GRAVOIS ST. LOUIS MO

19. (a) NOV 3 (b) J. P. Pascher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County bar  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2257 INDIANA 9  
(If rural, give location)  
(e) Citizen of foreign country? 23 (Yes or No) 1  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 1  
year 1948 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct. 24, 1948, to Nov. 1, 1948, and that I last saw her alive on Oct. 31, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Inoperable Carcinoma of Rt. breast with meta- (2 yrs)  
stasis to Rt. axilla, bones liver.

Due to.....  
Due to.....  
Other conditions Secondary anemia  
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation  
Of autopsy No autopsy

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?.....  
(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 Horace A. Four (M.D. or other) M.D.  
Address Desloge Hosp. Date signed 2 Nov 48

Duration (2 yrs)  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Lo 3000

Arthur Van... ..

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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..... *Arthur Van...* *Bill*

Licensed Embalmer No. *4347*

P. O. Address..... *2906 ...*

**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.**

Registration District No. 318

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:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME maire Klaus

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 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 26 (Month) (Day) (Year)

8. AGE: Years 42 Months Days less than one day hr. min.

9. Birthplace Hungary (City, town or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....  
(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....  
(b) Address.....

19. (a) (Date received local registrar) (b) J. B. Lasater (Signature)  
NOV 17 1948 (Date)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration

Due to.....  
Due to.....

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

Major findings:  
Of operations.....  
Of autopsy.....

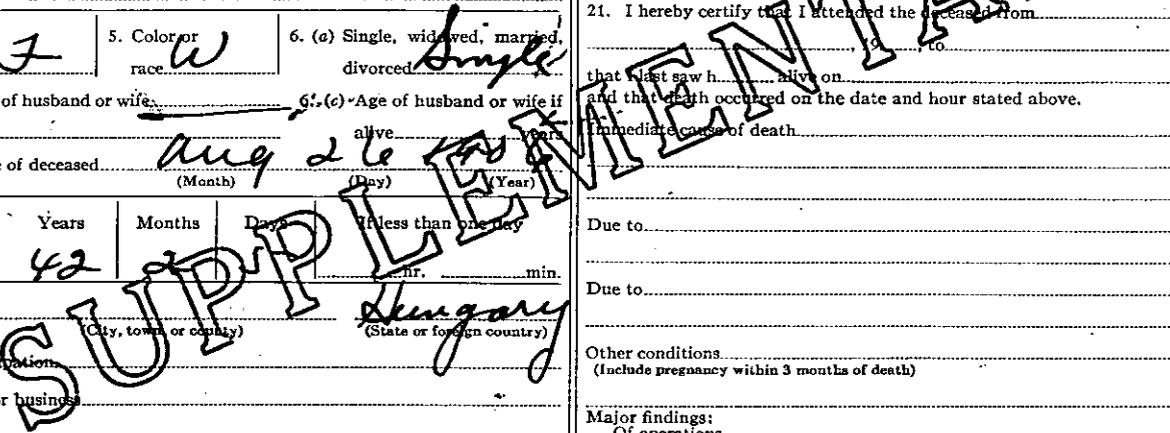
PHYSICIAN

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?  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....  
Address..... Date signed.....

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



S-34350

for  
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