S. No. 300
v. 10.48

569

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10678

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2699

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 17
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
d. STREET ADDRESS (If rural, give location): 5621 Theodosia Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Gertrude
b. (Middle): E.
c. (Last): Klauberg

4. DATE OF DEATH (Month) (Day) (Year): March 21,1950

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M.

8. DATE OF BIRTH: April 3 ,1888

9. AGE (In years last birthday): 61 — If under 1 year: Months 11, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John F.Eckert

13b. MOTHER'S MAIDEN NAME: Elizabeth Brown

14. NAME OF HUSBAND OR WIFE: Mr.Walter F.Klauberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mr.Walter F.Klauberg,5621 Theodosia Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 dys

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive-Cardiovascular Disease — 10 yrs
DUE TO (c) Senile changes — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 2 days; Fracture Lt hip — 6 wks

Dr. Joseph Lewin Cor. Coroner City of St. L. 3-24

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 000

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 - 7 - 50 2 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? slipped and fell from chair

22. *I hereby certify that I attended the deceased from* Feb 7 *,* 1950 *, to* Mar. 21 *,* 1950 *, that I last saw the deceased alive on* Mar 20 *,* 1950 *, and that death occurred at* 12-03 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] **(Degree or title)**: M.D. **23b. ADDRESS**: 4952 Maryland ave **23c. DATE SIGNED**: Mar. 21, 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 23,1950

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St.Louis,Mo.

DATE REC'D BY LOCAL REG.: MAR 21 1950

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Arthur J. Donnelly 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Thomas R. Fenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3846 Lindell

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.