.S. No. 300
EV. 10-48

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18350

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4655

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr. by Aff.

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3331 Union Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2069
d. STREET ADDRESS (If rural, give location): 3331 Union Blvd. 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): De Rose
c. (Last): Klotz

4. DATE OF DEATH (Month) (Day) (Year): May 25, 1950

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1/7/1890 ~~Jan 7 1889~~
9. AGE (In years on birthday): ~~61~~ 60 — If under 1 year: Months, Days; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10b. KIND OF BUSINESS OR INDUSTRY: Market
11. BIRTHPLACE (State or foreign country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Klotz
13b. MOTHER'S MAIDEN NAME: Josephine ~~Unknown~~ Kozlike
14. NAME OF HUSBAND OR WIFE: Beatrice Klotz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): 498-18-4022
16. SOCIAL SECURITY NO.: ~~486-20-4022~~
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Beatrice Klotz - 3331 Union

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of brain due to gun shot wound in right temple self inflicted at his home on May 25 1950 about 400 o'clock
ANTECEDENT CAUSES — DUE TO (b)
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c) WM.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Suicide while suffering from temporary Mental Aberration

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 25 50 400 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E976

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 5:35 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Deputy Coron
23b. ADDRESS: 1306 Clark
23c. DATE SIGNED: 5/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/29/50
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAY 26 1950
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Drehmann-Harral - 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Coroner

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Albert R. Thompson Jr

Licensed Embalmer No. 42032

P. O. Address St. Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 18350-B
Local Registrar's No. 4655

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears ..... , who, upon ..... oath, states that the original record of birth/death for John DeRose Klotz, died/born 5-25-1950, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 8 should read Jan. 7 1890
Instead of Jan. 3-1889
Item No. 9 should read Age 60
Instead of Age 61
Item No. ..... should read Josephine Kozlike
Instead of Unknown
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Warren Carver Fun. dir
Relationship.

1905 Union
Present Address.

Subscribed and sworn to before me this 10 day of June, ~~194~~ 1950

My Commission expires 3-4-53

Ella C Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
0M—8-43
I X37817

State of Missouri } ss.
County of St. Louis }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 18350-B
Local Registrar's No. 4655

On this 5th day of June, 1950, before me appears Mr. Warren Carver (Funeral Director), who, upon his oath, states that the original record of ~~birth~~ death for John DeRose Klotz ~~born~~ died May 25, 1950, 19..., in the State of Missouri, and which was filed at St. Louis, Mo. on 5-26-50, 19..., should be corrected as follows:

Item No. 16 should read 498-18-0447
Instead of 486-20-4022

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Warren Carver Funeral Director
Relationship.

1905 Union Blvd.
Present Address.

Subscribed and sworn to before me this 6 day of June, 1950

My Commission expires My Commission Expires March 4th, 1953

Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
8-43
X37817