

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34484
State File No. 34484
Registrar's No. 35

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville Mo Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville Rural</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>about 6 mi. south of Wentzville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Klausmeier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Feb 18-1877</u>		9. AGE (In years last birthday) <u>73</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME <u>Hy Klausmeier</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Stoerker</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Klausmeier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Klausmeier</u> ADDRESS <u>Wentzville Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>		1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____		24 hr	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Nov 26, 1949, to Sept 28, 1950, that I last saw the deceased alive on Sept 28, 1950, and that death occurred at 5:15 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Bergesen</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Wentzville, Mo</u>		23c. DATE SIGNED <u>9-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 1 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Wentzville Mo</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>		24d. LOCATION (City, town, or county) <u>Wentzville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 10/1950</u>		REGISTRAR'S SIGNATURE <u>Marvin P. Buff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. G. Petersen</u> ADDRESS <u>Funeral Home</u>	

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

0920

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 21 1950

RECEIVED

SEP 15 1953

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.

Signed *Marjorie M. Thomas*

Signed _____
Student Embalmer

Licensed Embalmer No. 3055

P. O. Address *Spentzville Mo*

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.