

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19059**

FILED MAY 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. CITY OR TOWN <b>Robertson</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 1/2 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>Fee Fee Road, Robertson, Mo. R#1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Adolph</b> b. (Middle) <b>George</b> c. (Last) <b>Klaus</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 14, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1881</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis County, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>August Klaus</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Rundy</b>		14. NAME OF HUSBAND OR WIFE <b>Emma R. Klaus</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emma R. Klaus Robertson, Mo. R#1 Box 628</b>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pancreatitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Suppurative Hepatitis</b>		
	DUE TO (c) <b>Common Duct Gall Stones</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>584X</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **13 Jan, 1947, to 14 May, 1953** that I last saw the deceased alive on **14 May, 1953** and that death occurred at **1:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. E. Hengen M.D.</b>	(Degree or title)	23b. ADDRESS <b>Pattonville, Mo.</b>	23c. DATE SIGNED <b>15 May 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-18-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>Normandy, Mo.</b>

DATE REC'D BY LOCAL REG. <b>May 18 1953</b>	REGISTRAR'S SIGNATURE <b>Francis B. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edmund P. ...</b>	ADDRESS <b>504-Woodson Rd-Overland-14-</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 2 1931

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.....  
Signature of Student Embalmer

Signed *David C. Gibson*

Licensed Embalmer No. *34*

P. O. Address *Overland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.