

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6274**  
Registrar's No. **0910**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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) OR TOWN <b>SAINT LOUIS</b>		c. CITY OR TOWN <b>ST. JOHN'S</b> <i>422 /</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEACONESS HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>9201 ST. CHARLES ROCK ROAD</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b> b. (Middle) <b>HENRY</b> c. (Last) <b>KLAUS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 30 1955</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG. 4, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED PRINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PRINTING</b>	9. AGE (In years last birthday) <b>79</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CASPER KLAUS</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA LOUISA KNOLLE</b>	14. NAME OF HUSBAND OR WIFE <b>ALVINA C. KLAUS (BRAND)</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>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARTIN W. KLAUS, 1 Claycrest Dr. 22</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease with Decompensation</b> Antecedent Causes <b>Generalized Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>unknown</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriolar-nephrosclerosis</b> <b>unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>Jan. 28</b> , 19 <b>55</b> , to <b>Jan. 30</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>Jan. 30</b> , 19 <b>55</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>John J. Roth</i> <b>M.D.</b>		23b. ADDRESS <b>634 N. Grand Blvd.</b>	23c. DATE SIGNED <b>1-31-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb. 2, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SAINT PETERS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SAINT LOUIS COUNTY MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>JAN 31 1955</b>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ALVIN F. FEUTZ, 4828 Nat'l. Bridge 15</b>	

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

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

Student.....  
Signature of Student Embalmer

Signed *Ralph C. Zanders*.....

Licensed Embalmer No..... 42

P. O. Address... *Sil. Lane*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.