

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31104

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8326

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead City Hospital		e. STREET ADDRESS (If rural, give location) 24 206 Zepp St.	
3. NAME OF DECEASED a. (First) Eda b. (Middle) Emma c. (Last) Klaus		4. DATE OF DEATH (Month) (Day) (Year) Sept. 21 1955	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1886
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Arlington, Nebr.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Julius Leeman		13b. MOTHER'S MAIDEN NAME lda Ritter	14. NAME OF HUSBAND OR WIFE William T. Klaus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jules W. Klaus 6513 Gramond Dr.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Depressed Fracture of Skull. Brain Injury; suffered from absission between car operated by deceased and car operated by Dr. Jos. Carcoran at inter station of Grand and West about 11:15 am. Sept 21 1955. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition above.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 816'4 26	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 816'4 26		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) Mo. (STATE)	
21d. TIME OF INJURY Sept 21 55 11A 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:35A m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Zeeb (Name of title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 9/22/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 24, 1955	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery
24d. LOCATION (City, town, or county) St. Louis County, Mo.		24e. (State)	
DATE REC'D BY LOCAL REG. SEP 22 1955		REGISTRAR'S SIGNATURE J. Carl Smith Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Holmeister Colonial Mortuary		ADDRESS 6464 Chippewa St., St. Louis, Mo.	

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

Student.....  
Signature of Student Embalmer

Signed..... *Harry J. Schumacher*  
Licensed Embalmer No. 2679

P. O. Address *7814 5th Avenue*

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.