

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6757

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1338**

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

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. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>ST. LOUIS MO</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place)		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LITTLE FLOWER RETREAT House</b>		e. STREET ADDRESS (If rural, give location) <b>3841 BLAINE 21770</b>	
3. NAME OF DECEASED a. (First) <b>ALBERT HERMAN</b> b. (Middle) <b>KLAUS</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 5 1956</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>OCT 2 1891</b>
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PARTS HANDLER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>
12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>		13. FATHER'S NAME <b>HERMAN KLAUS</b>	
13b. MOTHER'S MAIDEN NAME <b>CAROLINE REUDY</b>		14. NAME OF HUSBAND OR WIFE <b>EDNA KLAUS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WAR 492-03-4974</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>EDNA KLAUS</b>		ADDRESS <b>3841 BLAINE</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis, Feb 3 1956</b> ANTECEDENT CAUSES <b>with paralysis of L side</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hemiplegic stroke</b> DUE TO (b) <b>arteriosclerosis &amp; marked cerebral arteriosclerosis</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>		19a. DATE OF OPERATION <b>None</b>	
19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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) <b>None</b>	
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 <b>Feb 1 1956</b> , to <b>Feb 5, 1956</b> , that I last saw the deceased alive on <b>Feb 5, 1956</b> and that death occurred at <b>8:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Lester Plump MD</b>		23b. ADDRESS <b>3933 S Grand</b>	
23c. DATE SIGNED <b>2-7-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>FEB. 8 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		DATE REC'D BY LOCAL REG. <b>FEB 7 1956</b>	
REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutas 2906 Marine</b>	

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.....  
*James C. Hill*

Licensed Embalmer No. 434

P. O. Address 2906 S

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.