THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 7 - 1956

STATE FILE NUMBER 36644

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2542

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Sunset Sanitarium — Length of stay in 1b 3mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill b. COUNTY
c. CITY OR TOWN Ottowa 8120 8 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 412 Benton — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Robert Middle Charles Last Klugman

4. DATE OF DEATH Month OCTOBER Day 27 Year 1956

5. SEX M

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH May 8, 1869

9. AGE (In years last birthday) 89yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY Millinery

11. BIRTHPLACE (City and state or country) Edwardsville, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Klugman

14. MOTHER'S MAIDEN NAME Caroline Henke — Wifes Name Mrs. Maria Klugman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Sunset Sanitarium — Address Ellisville, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 5 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) GENERALIZED ARTERIOSCLEROSIS 491X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-8-56, to 10-27-56 and last saw her/him alive on 10-26-56
Death occurred at 240 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dale M. Beaudrieux M. D.

22b. ADDRESS Ballwin, Mo.

22c. DATE SIGNED 10-27-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Oct. 28, 1956

23c. NAME OF CEMETERY OR CREMATORY Ottawa, Cemetery

23d. LOCATION (City, town, or county) Ottawa, (State) Ill.

24. FUNERAL DIRECTOR Hulse Funeral Home — ADDRESS Ottawa, Ill.

25. DATE RECD. BY LOCAL REG. 10-29-56

26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert J. Gau Jr.

Licensed Embalmer No. 48

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.