

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43348

STATE FILE NUMBER 11234

FILED DEC 27 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN 915 N. GRAND. ST. LOUIS, MO Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN WASHINGTON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL Length of stay in lb LLDAYS			d. STREET ADDRESS ROUTE # 2 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last AUGUST A KLUBA			4. DATE OF DEATH Month Day Year DECEMBER 7, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-3-88	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) OWENSVILLE MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME FRANK KLUBA			14. MOTHER'S MAIDEN NAME MADELINE SAUER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 1		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT ST. LOUIS, MISSOURI. VA. HOSP. RECORDS. 915-N. GRAND.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE HEAD OF THE PANCREAS WITH OBSTRUCTION OF THE COMMON DUCT. 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) ACUTE GASTRIC ULCER WITH ASPIRATION OF BLOOD.					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		157X			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 11-26-56 to 12-7-56 and last saw <sup>DECEASED</sup> alive on 12-7-56 Death occurred at 4:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Julien Bahb (Degree or title) Julien Bahb M. D.			22b. ADDRESS VAH. ST. LOUIS, MISSOURI.		22c. DATE SIGNED 12-8-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/10/56	23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Jeff. Bks., Mo
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.			25. DATE RECD. BY LOCAL REG. DEC 8 1956		26. REGISTRAR'S SIGNATURE J. C. Smith MD mjs

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally 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  
by me, or by ....., Student Embalmer No...  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harry J. Schuman*.....

Licensed Embalmer No...

P. O. Address *5611 S*.....

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.