

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7620

State File No. _____
Registrar's No. 397

FILED MAR 11 1948

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Florissant
(c) Name of hospital or institution:
602 St. Francois St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Michael Klima,

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Merle Klima, 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Oct 3 1876.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 11 hr. _____ min.

9. Birthplace Florissant, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paperhanger

11. Industry or business _____

12. Name Michael Klima
13. Birthplace Germ.
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Goldbeck,
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Merle Klima,
(b) Address 120 St. Ferdinand,

17. (a) burial (b) Date thereof 2/17/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sacred Heart Cmty.

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood, Mo.

19. (a) _____ (b) C. H. M. Larson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Florissant
(If outside city or town limits, write "RURAL")
(d) Street No. 120 St. Ferdinand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
year 1948 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Natural causes. Duration _____

Due to Arteriosclerosis.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No. 97
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Louis H. Bopp of D. or other _____
Address Kirkwood, Mo. Date signed 2-15-48

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

MOTHER FATHER

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P.O. Address.....

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 this body is not embalmed, fact should be so stated above.