

FILED APR 13 1942

State File No.

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **2764**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frieda Klauber

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William P. Klauber 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased: unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 75 -- -- hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name Solomon Steiner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Donnenberg
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Crone

(b) Address 5540 Delmar Blvd.

17. (a) Burial (b) Date thereof 3-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Heinman Finkelsch
(b) Address 5216 Delmar Blvd.

19. (a) MAR 27 1942 (b) J. F. Beedeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4052 Shaw Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day March
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from March 21 1942 to March 26 1942
that I last saw her alive on March 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia 5 days

Due to PZ
Due to Myocarditis etc

Other conditions 4 yrs.
(Include pregnancy within months of death)

Major findings: Of operations Of autopsy
PHYSICIAN
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?

(Specify type of place) (Specify means of injury)

23. Signature W. Stuebgenbach (M. D. or other)
Address 4738 Blavin Date signed 3/27/42

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

844

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.....

Chas. W. Cooper

Licensed Embalmer No..... *3830*

P. O. Address..... *5-216 Delmar*

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.