S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#59907

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25118

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6072

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 25 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Royal Hotel - ~~7th & Pine~~ Memorial
(If rural, give location) 706½ Pine

(e) Citizen of foreign country? = (Yes or No)

If yes, name country =

3. (a) PRINT FULL NAME ALFRED ~~CLASS~~ Claas

3. (b) If veteran, name war =

3. (c) Social Security No. =

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE O

6. (b) Name of husband or wife =

6. (c) Age of husband or wife if alive = years

7. Birth date of deceased Oct (Month) 26 (Day) 1874 (Year)

8. AGE: Years 71 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business —

FATHER
12. Name CHAS. Claas
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ANNA
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Marie Claas
(b) Address 3670a McKee

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 11 '46 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Av

19. (a) JUL 10 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1946 hour ~~8:25~~ 5:45 minute ~~A~~ M.

21. I hereby certify that I attended the deceased from 6/7/46, 19, to 7/8/46, 19; that I last saw him alive on 7/8/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

While at work? (e) Means of injury

23. Signature Kenneth L. Carter M.D. (M. D. or other)

Address 1515 Lafayette St Louis Mo Date signed 9 July 46

(Licensed Embalmer's Statement on Reverse Side)

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 Felix J. Krispin

Licensed Embalmer No. 3497

P.O. Address 7936 St. Louis

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.