

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25749

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis, Mo.*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *5435 Arsenal St.*)

File No.....
Registered No. **7350**
St..... Ward.....

2. FULL NAME

(a) Residence. No. *5435 Arsenal St.* St. **13** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan. 13 - 1920.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 7 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Gardenville*
(b) General nature of industry, business, or establishment in which employed (or employer) *School*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo.*
(STATE OR COUNTRY)

10. NAME OF FATHER *Arthur Klingler*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St. Louis, Mo.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Lucelia Berg.*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Missouri*
(STATE OR COUNTRY)

14. INFORMANT *Arthur Klingler*
(Address) *5435 Arsenal St.*

15. FILED **AUG 15 1927** *Max L. Starr* of *St. Louis*
19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug-14-1927*

17. I HEREBY CERTIFY, That I attended deceased from *Aug. 7, 1927*, to *Aug. 13, 1927* that I last saw h. *alive on Aug. 13, 1927*, and that death occurred, on the date stated above, at *8:45 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Acute Myocarditis
2. Nephritis Acute following Acute Myocarditis
(duration) yrs. *9* mos. da.
(SECONDARY) yrs. *2* mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *Julius Lottach*, M. D.
8/14, 1927. (Address) *3554 Victor St*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Sunset Burial Park* DATE OF BURIAL *Aug. 16, 1927.*

20. UNDERTAKER *Zeigler Bros. 2623 Cherokee*
ADDRESS

RECORDING INFORMATION--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

