1928

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

Do not use this space.

38004

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City (No. , St. Ward)

2. FULL NAME Frederick Kleine
(a) Residence. No. Black Jack St., 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 2 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
79	4	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Frederick Kleine
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Catherine Grote
(Address): St Ferdinand Township

15. FILED Jan 3 9, 1928 O V Schuster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 31 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Dec 30, 1927, that I last saw him alive on Dec 30, 1927, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diffuse Peritonitis
1928
1928
1927 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Intussusception
Hernia (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED? 1/8/28
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm A. Knight, M. D
12/31, 1927 (Address) 86 B Halls Ferry Rd

*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: Black Jack
DATE OF BURIAL: Jan 3 1928

20. UNDERTAKER: Theo H. Biederwieden
ADDRESS: 1936 St Louis Wy

WRITE PLAINLY, WITH UNFADING INK—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.