

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6083
 City Olivette (No.) St. (Ward) ...

2. FULL NAME Norman Maurus Klingert
 (a) Residence No. Oliver St. Rd. + Olive 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.

File No. 25038
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 1916

7. AGE YEARS MONTHS DAYS 12 | 5 | 11
 If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) Crestview, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Steve Klingert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Crestview
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bertha Simon

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

14. INFORMANT (Address) Steve Klingert, Clayton, Mo. #2-97632

15. FILED 7/6/26 Katharine W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1928

17. I HEREBY CERTIFY, That I attended deceased from January 28, 1928, to July 6 1928, that I last saw him alive on July 5 1928, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

130 Rodriguez disease
 (duration) ... yrs. 8 mos. ... ds.
 CONTRIBUTORY (SECONDARY) acute nephritis
 (duration) ... yrs. ... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? 658
 IF NOT AT PLACE OF BIRTH ...
 DID AN OPERATION PRECEDE DEATH? no DATE OF ...
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? ...
 (Signed) Ernest H. Deffenhafer, M. D.
7/7 1928 (Address) 3148 Olive 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 St. Monica Cem. DATE OF BURIAL 7/8 - 28

20. UNDERTAKER Baumann Bros. ADDRESS Crestview, Mo.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

