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

Do not use this space.

7906

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: (No. 802 Military Road St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 E

File No.
Registered No. 77

2. FULL NAME Max Kletzke
(a) Residence. No. 802 Military Rd. St., Lou County 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.

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.

MAR 27 1929

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby 3 1846
7. AGE: Years 43 | Months 0 | Days 11 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Grocer & Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): Himself
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Stettin
(STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Louis Kletzke
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Stettin
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Emma Gerschel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Waldenburg
(STATE OR COUNTRY): Silesia

14. INFORMANT: Anna Kletzke
(Address): 802 Military Road

15. Feby 15, 1929 L. C. Obrock M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 14 1929
17. I HEREBY CERTIFY, That I attended deceased from 1929, to Feb. 14, 1929 that I last saw h. alive on Feb. 13, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Splenomyelogenous Leukemia
72 hr
Splenomyelogenous Leukemia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Blood examination
(Signed) J. S. Maizus M. D.
, 19 (Address) 1818 Bank Bldg.

*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: Trinity Luth. Cem.
DATE OF BURIAL: 2/16 1929
20. UNDERTAKER: Hoffmeister U. Co.
ADDRESS: 7818 S. Bd