

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

Do not use this space.

13308

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. City Hospital) St. _____ Ward _____

File No. _____
 Registered No. 8875
 St. _____ Ward _____

2. FULL NAME

Charles Kling
 (a) Residence. No. 3600 N. 22nd St. St. 20 Ward 20
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | | |
|---|---|----------------------------------|----------|--|--|
| 3. SEX <u>Male</u> | | 4. COLOR OR RACE <u>White</u> | | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Kling</u> | | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 26, 1882</u> | | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. | |
| | <u>46</u> | <u>5</u> | <u>3</u> | | |
| 8. OCCUPATION OF DECEASED | | | | | |
| (a) Trade, profession, or particular kind of work. <u>Stone Moulder</u> | | | | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | | | | |
| (c) Name of employer | | | | | |
| 9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Missouri</u> | | | | | |
| PARENTS | 10. NAME OF FATHER <u>Charles Kling</u> | | | | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Not known</u> (STATE OR COUNTRY) <u>Germany</u> | | | | |
| | 12. MAIDEN NAME OF MOTHER <u>Barbara Kobisch</u> | | | | |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Not known</u> (STATE OR COUNTRY) <u>Germany</u> | | | | | |
| 14. INFORMANT <u>Mrs. Kling, wife</u> (Address) <u>3600 N. 22nd St.</u> | | | | | |
| 15. FILED <u>21 1929</u> REGISTRAR <u>[Signature]</u> | | | | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29, 1929

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1929, to March 29, 1929, that I last saw him alive on March 29, 1929, and that death occurred, on the date stated above, at 4:00 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia

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

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters Cem DATE OF BURIAL April 4, 1929

20. UNDERTAKER Suedmeyer & Sons ADDRESS 3934 N. 20

CONTRIBUTOR (SECONDARY) [Signature] (duration) yrs. mos. ds. 3

CONTRIBUTOR (SECONDARY) [Signature] (duration) yrs. mos. ds. 3

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) [Signature] M. D.
3/30, 1929 (Address) 3403 1/2 14

*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.

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.

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