

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

16515

1. PLACE OF DEATH *Christian Hospital*  
 County..... Registration District No. *701*  
 Township..... Primary Registration District No. *1008*  
 City *A. Louis* (No. *Christian Hospital*)

File No.....  
 Registered No. *5036*  
 St..... Ward.....

2. FULL NAME *Henry Chas. Kling*  
 (a) Residence No. *5037 Alcott* St. *7* 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) *married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *4-25-1882*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>48</i>	<i>11</i>	<i>29</i>		

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

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

10. NAME OF FATHER *Henry Kling*  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER *Catherine Roth*  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *A. Louis*  
 (STATE OR COUNTRY)

14. INFORMANT *Hyacinth Kling*  
 (Address) *5037 Alcott*

15. *Wm C. Starker*  
 FILED *27* 19*31*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *4-24* 19*31*

17. I HEREBY CERTIFY, That I attended deceased from *June 10*, 19*31*, to *April 24*, 19*31*.  
 That I last saw him alive on *April 24*, 19*31*, and that death occurred, on the date stated above, at *2 P.* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Lymphos - Sarcoma left breast*  
*47 B*  
*110A* (duration) *2* yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) *Plural Neurysm*  
 (duration) yrs. mos. ds. *1*

18. WHERE WAS DISEASE CONTRACTED  
*5037 Alcott*  
 (NOT AT PLACE OF DEATH)

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....  
 WAS THERE AN AUTOPSY? *yes*  
 WHAT TEST CONFIRMED DIAGNOSIS *microscopical*  
 (Signed) *Arthur S. Sandler*, M. D.  
*4/26*, 19*31* (Address) *2202 University 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 *Lakewood Park Cem.* DATE OF BURIAL *4-27* 19

20. UNDERTAKER *Henry Heier 2223 S. Grand* ADDRESS

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

