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.

DEC 26 1931

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

Do not use this space.

38718

1. PLACE OF DEATH
County St Charles Registration District No. 757 File No.
Township Primary Registration District No. 3036 Registered No. 173
City St Charles (No. St. Josephs Hospital St. Ward)

2. FULL NAME Frank S Klee
(a) Residence. No. St., Ward. Old Monroe Mo
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-26-1863
7. AGE Years 68 Months 3 Days 1 If LESS than 1 day, hrs. or min.
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) Old Monroe
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Henry Klee.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Angela Dickman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

14. INFORMANT Mrs Henry Wehde sr.
(Address) Old Monroe Mo.
15. FILED 1/28, 1931 Hy G Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1931
17. I HEREBY CERTIFY, That I attended deceased from October 10, 1931, to November 27, 1931 that I last saw him alive on November 27, 1931, and that death occurred, on the date stated above, at 10:55 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach with metastasis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 46
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Old Monroe, Mo
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 10/12/31 Biopsy glands of neck.
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + laboratory
(Signed) B. L. Neubeiser, M.D.
Nov. 27 1931 (Address) St. Charles, Mo.

*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 Marys Cemetary Old Monroe Mo
DATE OF BURIAL 11/30 1931
20. UNDERTAKER Clemmons & Wehde
ADDRESS Old Monroe Mo