

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

Do not use this space.

14137

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1008  
City St Louis (No. 4448 Oakland Ave) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
Registered No. 3468  
St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

James (Francis) Kleiweis  
(a) Residence, No. 4448 Oakland Ave St., 18 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

FATHER 13. NAME Frank (Kleiwes)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

MOTHER 15. MAIDEN NAME Marie Wappel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis 1

17. INFORMANT (ADDRESS) Frank Kleiweis  
4448 Oakland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul DATE 4-8 1932

19. UNDERTAKER (ADDRESS) Kriegshausen  
4104 S. MacArthur Ave

20. FILED FR 4-10-32 St Louis Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1932, to 4-7, 1932

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

Brain Granulation Date of onset \_\_\_\_\_

Other contributory causes of importance: 1608 / 600

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed) J. S. Shute, M. D.  
(Address) 4398 Chouteau

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

