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.

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

Do not use this space.

17765

File No. 4719

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 3727 Michigan St., Ward)

2. FULL NAME Oscar Paul Kloessner

(a) Residence, No. 3727 Michigan St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Kloessner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Rail Works

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) Germany

FATHER

13. NAME Karl Kloessner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

MOTHER

15. MAIDEN NAME Wilhelmina Helms

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

17. INFORMANT [illegible]
(ADDRESS) 3727 [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE 5-14 1932

19. UNDERTAKER [illegible]
(ADDRESS) [illegible]

20. FILED MAY 14 1932 [illegible] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to May 12, 1932

I last saw him alive on May 12, 1932. Death is said to have occurred on the date stated above, at 4:15 p.m.

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

	Date of onset
Cardiac Asthma	
131	
95B 131	

Other contributory causes of importance:

Chronic Bright's Disease

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical 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? No

If so, specify .....

(Signed) C. E. Moeller, M. D.

(Address) 3537 S. Jefferson