

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

Do not use this space.

21536

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 2051, East Prairie Ave. St. 6104 Ward)

2. FULL NAME

(a) Residence, No. 20516, Prairie Ave. St., 9 Ward. (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 Emma Kleckamp)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1872

7. AGE YEARS 60 MONTHS 2 DAYS 40 IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tremont Store and Hardware Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fitchletown Pa

13. NAME William Kleckamp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louise Groszner Hiden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Emma Kleckamp (ADDRESS) 20516 Prairie Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE July 2, 1932

19. UNDERTAKER Math. Hermy and Son (ADDRESS) 2164 Fair Ave.

20. FILED JUN 30 1932 W. C. Stanley Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to June 29, 1932
I last saw him alive on June 29, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Intermittent Nephritis (Chronic)
arterio sclerosis
Edema of Lungs

Other contributory causes of importance:

Edema of Lungs

Name of operation..... Date of.....
What test confirmed diagnosis? Chronic Was there an autopsy? no

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) John W. Mayer, M.D.
(Address) 5394 Grand Ave.

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.

