

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

Do not use this space.

42469

1. PLACE OF DEATH

County _____ Registration District No. 701
 Township _____ Primary Registration District No. 10023
 City St. Louis (No. 2246, J. Grand Blvd) St. _____ Ward) _____

File No. _____
 Registered No. 11601

2. FULL NAME

John B. Klinsk
 (a) Residence, No. 2246 J. Grand St., 17 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amelia Klinsk</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-5-1851</u>			
7. AGE	YEARS <u>81</u>	MONTHS	DAYS <u>20</u>
			IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tailor</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>		
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) <u>Germany</u> <u>10</u>			
FATHER	13. NAME <u>Do not know</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>Do not know</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Leon Klinsk</u> (ADDRESS) <u>2246 J. Grand</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul</u> DATE <u>12-28</u> 19 <u>32</u>			
19. UNDERTAKER <u>Tommy Jones</u> (ADDRESS) <u>2223 J. Grand</u>			
20. FILED <u>DEC 28 1932</u> <u>W. E. Stuber</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932, to Dec 25, 1932

I last saw him alive on Dec 25, 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Lobar Pneumonia Date of onset Dec 22

Other contributory causes of importance:

Exposure to cold

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical. 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) Edmond J. Hubler, M. D.

(Address) 5321 Partner

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2

