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.

JAN 26 1934

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

Do not use this space.

41820

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10862

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 4623 Wilcox Av St. ..... Ward)

2. FULL NAME Julia Klingler

(a) Residence, No. 4623 - Wilcox Ave St. 15 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4-1858

7. AGE YEARS 75 MONTHS 9 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 93C
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 93D
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 97

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

FATHER
13. NAME Jacob Brodback 8
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Albert Klingler 4623 Wilcox

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews DATE Dec 19 1933

19. UNDERTAKER (ADDRESS) Wacker Helderle 2331 S Broadway

20. FILED DEC 19 1933 19 J S Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1933, to Dec 16, 1933

I last saw her alive on Dec 14, 1933. Death is said to have occurred on the date stated above, at 12 06 m.

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

Date of onset

Congestive Heart failure

Myocardosis Chronic 9/4/33

Other contributory causes of importance:

Arteriosclerosis

93C

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? No

If so, specify .....

(Signed) [illegible], M. D.

(Address) 2361 Lafayette Av.