

MAP 2 9 1935

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

Do not use this space.

6709

1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No. _____
Township Counselet Primary Registration District No. 6248 Registered No. 42
City Highwood (No. 1043 W Big Bend Glendale St. _____ Ward _____)

2. FULL NAME

Infant son of Arthur & Cordia Astholz Kleckner
(a) Residence, No. 104 B W Big Bend St. 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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— — 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) 1043 W Big Bend Glendale

13. NAME Arthur Kleckner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

15. MAIDEN NAME Cordia Astholz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Missouri

17. INFORMANT (ADDRESS) Zelma M. Huber Glendale Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Feb 20 1935

19. UNDERTAKER (ADDRESS) Parker and Co Webster Groves Mo

20. FILED 2 / 19 1935 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1935, to Feb 18, 1935.

I last saw him alive on Feb 17, 1935. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Premature Birth
6 mos.

Other contributory causes of importance:

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 _____, 1935

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) Zelma M. Huber, M. D.
(Address) 315 9th St. St. Louis

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.

PERMANENT RECORD

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