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

JUN 4 1935

Do not use this space.

14219

1. PLACE OF DEATH
County St Louis
Township Central
City Normandy (No. Mother Good Counsel Home St. ..... Ward)

Registration District No. 789
Primary Registration District No. 6033

File No. .....
Registered No. 111

2. FULL NAME Ida M Klevorn
(a) Residence, No. 4340 Juniata St., ... 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st 1865

7. AGE: YEARS 70 MONTHS 4 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
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) St Louis Mo

FATHER
13. NAME Barney Klevorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME — Mackey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Jos McDonald 4340 Juniata

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE May 3 1935

19. UNDERTAKER (ADDRESS) Thos J Fman 1519 S Grand Blvd

20. FILED 5-1- 1935 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8th 1934, to April 30th 1935
I last saw her alive on 4/29/35, 19..... Death is said to have occurred on the date stated above, at 9:30AM
The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio-vascular-renal-disease, ?
Chr. hypertension, cerebral apoplexy involving rt. side. Hemaplegia involving rt. side. Senility.
This condition existed on entering the home of incurables.

Other contributory causes of importance:
Has had a slight cerebral apoplexy of the left side, since entering the home of incurables, with generalized

Name of operation no Date of OVER
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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) 3718 Jennings Rd.

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.

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100M-11-24-33

edema of appendages, pulmonary edema and chr. myocarditis. Duration? Since entering Home of incurables 9/8/193~~4~~

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