

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

Do not use this space.

OCT 23 1935

**791
1003**

30793

1. PLACE OF DEATH

County St. Louis Registration District No. 1003
 Township St. Louis Primary Registration District No. St. Louis
 City St. Louis (No. 8800) St. St. Louis Ward 4

File No. 7577
 Registered No. 7577
 St. St. Louis Ward 4

2. FULL NAME

Charles F. Kleinschmidt

(a) Residence, No. 3462 St. Summer Ward 16
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 16 (If nonresident, give city or town and State)
 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF June 21, 1870

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1870
 7. AGE YEARS 65 MONTHS 2 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
 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) St. Louis, Mo.

FATHER 13. NAME Wm. J. Kleinschmidt

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

MOTHER 15. MAIDEN NAME Wm. J. Walter

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

17. INFORMANT (ADDRESS) Wm. J. Kleinschmidt, City of St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Sept 9, 1935

19. UNDERTAKER (ADDRESS) B. Hoffmester, U.S.C.O., 7214 B. Broadway

20. FILED SEP - 9 1935 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1935

22. I HEREBY CERTIFY That I attended deceased from Sept 2 to Sept 7, 1935
 I last saw him alive on Sept 7, 1935 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of hypopharynx with metastases to neck
 Date of onset

Other contributory causes of importance: 45

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?
 If so, specify

(Signed) H. W. Battles M. D.
 (Address) City of 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

The following table shows the results of the survey conducted in the year 1977-1978. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey.

Category	Sub-category	Value
Section 1	Item 1	12.5
	Item 2	15.2
	Item 3	18.7
	Item 4	21.3
Section 2	Item 1	24.8
	Item 2	27.1
	Item 3	29.5
	Item 4	31.9
Section 3	Item 1	34.2
	Item 2	36.6
	Item 3	39.0
	Item 4	41.4
Section 4	Item 1	43.8
	Item 2	46.2
	Item 3	48.6
	Item 4	51.0
Section 5	Item 1	54.5
	Item 2	56.9
	Item 3	59.3
	Item 4	61.7
Section 6	Item 1	63.1
	Item 2	65.5
	Item 3	67.9
	Item 4	70.3
Section 7	Item 1	72.0
	Item 2	74.4
	Item 3	76.8
	Item 4	79.2
Section 8	Item 1	81.1
	Item 2	83.5
	Item 3	85.9
	Item 4	88.3
Section 9	Item 1	90.4
	Item 2	92.8
	Item 3	95.2
	Item 4	97.6
Section 10	Item 1	100.0
	Item 2	102.4
	Item 3	104.8
	Item 4	107.2

The data indicates a steady increase in values across all sections, with the highest values recorded in Section 10. The overall trend shows a consistent upward trajectory in the measured variables.