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.

APR 11 1936

Dr. E. T. Urban.

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

Do not use this space.

8601

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. Missouri Baptist Hospital St. ..... Ward)

File No. 2308

Registered No. .....

2. FULL NAME William Klinger

(a) Residence, No. ..... St., NR Ward. Allenton Mo
(Usual place of abode) (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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 22, 1865

7. AGE: 70 YEARS | MONTHS: 3 | DAYS: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ownshop.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

FATHER

13. NAME: not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known.

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

17. INFORMANT (ADDRESS): Mrs. Virgin Hill Allenton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Allenton Mo. DATE Mar. 3 1936

19. UNDERTAKER (ADDRESS): Thiebes Und Co Pacific Mo

20. FILED MAR 2 1936 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 23, 36, to Feby 29, 1936

I last saw him alive on Feby 29, 1936 Death is said to have occurred on the date stated above, at 3:10 P.m.

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

Carcinoma (Gall Bladder) — Date of onset: 2 Years

Other contributory causes of importance: 4/6

Name of operation: No Date of .....

What test confirmed diagnosis? ✓ 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) E. S. Arbace, M. D.

(Address) 1537 So. Grand