

WRITE PLAINLY, WITH-OUT 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.

Passer on By Dr. J. J. ... JUN 26 1936

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

Do not use this space. ✓  
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1. PLACE OF DEATH

County **St. Louis County**  
Township **Carsonville**  
City **Central**

Registration District No. **789**  
Primary Registration District No. **6033**  
(No. **8850 Alva Ave.**)

File No. \_\_\_\_\_  
Registered No. **146**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

**John Henry Klockmann**

(a) Residence, No. **8850 Alva Ave.** St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed.</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Caroline Klockmann</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb. 16, 1881</b>		
7. AGE	YEARS <b>85</b>	MONTHS <b>2</b>
	DAYS <b>25</b>	IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION

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

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) **Bielisfeld**  
(STATE OR COUNTRY) **Germany**

FATHER

13. NAME **Casper Klockmann**

14. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME **Isabelle Faust**

16. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

17. INFORMANT **Anna Schneider**  
(ADDRESS) **8850 Alva Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **May 14, 1936.**

19. UNDERTAKER **Wm. F. Paschedag**  
(ADDRESS) **2825 N. Grand Blvd.**

20. FILED **5-17-1936** **H. Boechmer**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11, 1936.** 19

22. I HEREBY CERTIFY, That I attended deceased from **Apr. May 11/36** to **May 11/36**, 19...  
I last saw h.  alive on **May 11**, 19... Death is said to have occurred on the date stated above, at **1:45P.**

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

**Angina Pectoris Coronary Occlusion  
Myocardial Infarction  
Sclerosis**

Other contributory causes of importance:

**Died in attack of Angina Pectoris**

Name of operation **(Obituary)** Date of \_\_\_\_\_  
What test confirmed diagnosis? **(History)** 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 injured occupied 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.**  
**L. L. Wessner, M.D.**  
(Address) **4425 Main Bridge Bldg.**

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

Do not use this space.

**1. PLACE OF DEATH**

County St Louis  
Township Central  
City St Louis (No.         )

Registration District No. 789  
Primary Registration District No. 6032

File No.           
Registered No. 146  
St.          Ward         

**2. FULL NAME**

John Henry Kloekmann

(a) Residence, No.          St.          Ward.           
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)         

7. AGE YEARS MONTHS DAYS If LESS than 1 day or          hrs. or          min.  
85 2 25

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)          Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)         

13. NAME         

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

15. MAIDEN NAME         

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

17. INFORMANT (ADDRESS)         

18. BURIAL, CREMATION, OR REMOVAL PLACE          DATE         , 19        

19. UNDERTAKER (ADDRESS)         

20. FILED 7-17 1936 W. Boekner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        . I last saw h.          alive on         , 19        . Death is said to have occurred on the date stated above, at          m.

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

Other contributory causes of importance: 131

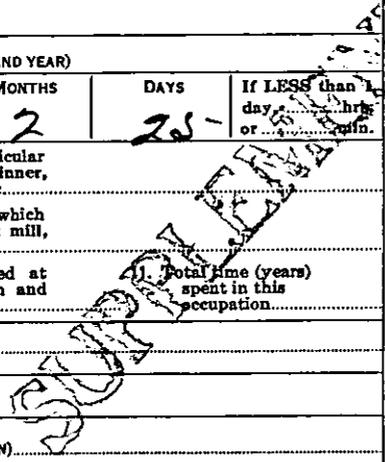
Name of operation          Date of           
What test confirmed diagnosis?          Was there an autopsy?         

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) L. H. Walker M. D.  
(Address) 3718 Jennings Rd

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.



NY. 7/10/1964

CO. 4164

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