

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.

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

Do not use this space.

OCT 16 1936

399348

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 No.
 Township Carondelet Primary Registration District No. 6248 B
 City Jefferson Barracks Mo. Veterans Administration Facility St. _____ Ward _____

File No. _____
 Registered No. 382

2. FULL NAME Otto A. KLINGLER

(a) Residence, No. 1167 Boland Drive St. _____ Ward Richmond Heights Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred un yrs. kno mos. un ds. How long in U. S., if of foreign birth? un yrs. kno mos. un ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Catherine Klingler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 30, 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 11 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grimm & Gorly
 10. Date deceased last worked at this occupation (month and year) July, 1936 11. Total time (years) spent in this occupation. 25 years

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Otto J. Klingler
 14. BIRTHPLACE (CITY OR TOWN) unavailable (STATE OR COUNTRY) France

MOTHER
 15. MAIDEN NAME Caroline Eirten
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Alvin Selusky
 ADDRESS Clinical Clerk, Jeff. Barr. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Oct. 5, 1936

19. UNDERTAKER (ADDRESS) Chas. H. Stueck
1225 Main Blvd

20. FILED Oct 2, 1936 L. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1936, 19____, to October 1, 1936, 19____
 I last saw him alive on October 1, 1936 Death is said to have occurred on the date stated above, at 1:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary, Chronic, Active, Far Advanced (C) Date of onset Unknown

Other contributory causes of importance: none
 Name of operation none Date of _____
clin. manifestations phy. exam. NO.
 What test confirmed diagnosis (A or B or C) 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 C. W. Hughes
 (Signed) C. W. Hughes M.D. Chief Medical Officer M. D.
 (Address) Jefferson Barracks, Mo.

