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.

JUN 12 1937

18398

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4974

City St. Louis, Mo. (No. 4038 Arsenal Street St. ..... Ward)

2. FULL NAME Fred A. Klinge

(a) Residence, No. 4038 Arsenal Street St., 16 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: 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: Martha Klinge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 13th, 1880

7. AGE: YEARS 57 MONTHS 3 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR 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): Hermann, Missouri

FATHER

13. NAME Conrad Klinge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME Regina Bersinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gallion, Ohio

17. INFORMANT (ADDRESS): Martha Klinge, 4038 Arsenal Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann, Mo. DATE May 19th 1937

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED MAY 17 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14th, 1936, to May 16th, 1937
I last saw him alive on May 13th, 1937. Death is said to have occurred on the date stated above, at 4 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Right) Results of Cerebral Hemorrhage	5/16/37
Other contributory causes of importance:	
Nephritis, Interstitial Chronic Hypertension	6/14/36

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Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Judgment 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? no
If so, specify .....
(Signed) Henry G. Farris, M. D.
(Address) per A. G. Wickman 4660 Maryland Ave. MD