

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

Do not use this space.

JUN 28 1937

21142

1. PLACE OF DEATH
 92 County St. Charles Registration District No. 757
 Township _____ Primary Registration District No. 3036
 City St. Charles, Mo. (No. St. Gas. Hospital) St. _____ Ward _____
 2. FULL NAME Baby Boy Kleeschutte (Thomas Joseph Kleeschutte)
 (a) Residence, No. O'Fallon, Mo. St. _____ Ward _____
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3 - 1937</u>		
7. AGE YEARS	MONTHS	DAYS
-	-	-
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. <u>None</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) <u>St. Charles, Mo.</u> (STATE OR COUNTRY)		
13. NAME <u>Clem Kleeschutte</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>O'Fallon, Mo.</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Aurelia Stahlschmitt</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Postage des Sioux, Missoula, Mont.</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Clem Kleeschutte, Father</u> (ADDRESS) <u>O'Fallon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>O'Fallon, Mo.</u> DATE <u>5/3</u> , 19 <u>37</u>		
19. UNDERTAKER <u>E. G. Keithley</u> (ADDRESS) <u>O'Fallon, Mo.</u>		
20. FILED <u>5/3</u> , 19 <u>37</u> <u>Clarence F. Neuler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/3, 1937, to 5/3, 1937.
 I last saw her... alive on 5/3, 1937. Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
Stillborn (boy)
 Date of onset _____

Other contributory causes of importance:
Maternal sepsis

Name of operation None Date of _____
 What test confirmed diagnosis? clinical 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) B. J. Hamilton, M. D.
 (Address) St. Charles, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION is very important.

