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

Do not use this space.

1. PLACE OF ~~DEATH~~ JUN 8 - 1937

County ..... Registration District No. 791

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

City St. Louis (No. City Hospital No. 1 St. ..... Ward)

File No. 21970

Registered No. 5722

2. FULL NAME Birdell Kleinhorst

(a) Residence, No. 3504 Indiana St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	8	23	

OCCUPATION

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

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) St. Louis, Missouri

FATHER

13. NAME George Speed,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston, Massachusetts

MOTHER

15. MAIDEN NAME ? Unknown

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

17. INFORMANT (ADDRESS) Hosp. Info. H. Kent.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Memorial Park DATE 6-12-37

19. UNDERTAKER (ADDRESS) Truth Center Mortuary 4024 Lindell Blvd.

20. FILED JUN 10 1937 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

Na Cl Pendency Inspection

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9/37, 19

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 12:05 P.M.

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

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

73

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Joseph M. Zuem, M.D.

(Address) Deputy Coroner

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.