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.

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22089

Township ..... Primary Registration District No. 1003 Registered No. 5841

City St. Louis, Mo. (No. 3835 DeTonty St. ..... Ward)

2. FULL NAME Alice Rose Kline

(a) Residence, No. 3835 DeTonty St., St., 17 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20, 1851

7. AGE: YEARS 86 MONTHS 0 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): Indiana

FATHER

13. NAME: Samuel Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: Sarah E. Hathaway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zanesville Ohio

17. INFORMANT (ADDRESS): Frank Kline 3835 DeTonty

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon DATE 6/15/37 19

19. UNDERTAKER (ADDRESS): Edith E. Ambrister 4234 Manchester Ave

20. FILED JUN 14 1937 19 J. H. Baldeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13/37 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1936 to June 13, 1937

I last saw her alive on June 13, 1937 Death is said to have occurred on the date stated above, at 7.00 A. M.

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

Chronic Myocarditis — Date of onset

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Other contributory causes of importance:
Chronic Interstitial Nephritis
General Arterio Sclerosis

Name of operation None Date of --

What test confirmed diagnosis? Clinical findings 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. W. Klippel, M. D., M. D.
(Address) 3772a S. Broadway

3772 S. Broadway