

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.

AUG - 5 1937

25835

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4635**, **Steinlage**) St. .... Ward)

File No. ....  
Registered No. **7009**

2. FULL NAME **Amelia Klink**

(a) Residence, No. **2213 So. Grand** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22,** 19 **37**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John B. Klink**

22. I HEREBY CERTIFY, That I attended deceased from **May 17,** 19 **37,** to **July 22,** 19 **37**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 19, 1863**

I last saw her alive on **July 21,** 19 **37.** Death is said to have occurred on the date stated above, at **6:50A.M.**  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **73 10 3**

**Carcinoma of Abdominal Viscera - primary of unknown origin**  
Date of onset **5/20/37**

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

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

Other contributory causes of importance:

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

Name of operation **Laparotomy** Date of **7/19/37**  
What test confirmed diagnosis? **Laparotomy** Was there an autopsy?

13. NAME **John Bruder**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

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.

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Leon A. Klink** (ADDRESS) **2213 So. Grand Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. Peter & Paul** DATE **July 24,** 19 **37**

Manner of injury.....  
Nature of injury.....

19. UNDERTAKER (ADDRESS) **Thuck Bros 2201 So. Grand Blvd.**

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify.....

20. FILED **JUL 23 1937** **J. T. Bredeck** Registrar.

(Signed) **Emma Phelan**, M. D.  
(Address) **5321 Bostmer**

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