

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City **ST LOUIS.**

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **ST LUKES HOSPITAL.**)

File No. **226118**  
Registered No. **7292**  
St. .... Ward)

2. FULL NAME **JACQUELINE KLAIBER.**

(a) Residence, No. **6010 MAPLE** St. **5** Ward.

(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 <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>SINGLE</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>JULY 13-1937</b>		
7. AGE YEARS <b>—</b>	MONTHS <b>—</b>	DAYS <b>13</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>INFANT.</b>		
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) <b>MO.</b>		
13. NAME <b>JOHN A. KLAIBER.</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>INDIANA</b>		
15. MAIDEN NAME <b>NETTIE LOBBELL</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>INDIANA</b>		
17. INFORMANT <b>JOHN A. KLAIBER.</b> (ADDRESS) <b>6010 MAPLE AVE</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>LAKE CHARLES</b> DATE <b>JULY 31</b> 19 <b>37</b>		
19. UNDERTAKER <b>LAWRENCE MULLEN</b> (ADDRESS) <b>3165 DELMAR BLVD</b>		
20. FILED <b>JUL 31 1937</b> <b>J. Bredeck</b> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JULY 26** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **July 13** 19**37**, to **July 26** 19**37**

I last saw her alive on **July 25** 19**37**. Death is said to have occurred on the date stated above, at **7 A. m.**

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

*Prematurity*

Date of onset

Other contributory causes of importance:

*Atelectasis  
Congenital malformation of  
great vessels*

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? **no**  
If so, specify.....  
(Signed) **Maxwell Foreman**, M. D.  
(Address) **3720 Washington, St. Louis, Mo.**

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.

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