

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32558
Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City..... St. Louis

(e) Length of residence in city or town where death occurred.....

Registration District No. 791

Primary Registration District No. 1003

(d) Street No. 3516a Indiana

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8612

2. PRINT FULL NAME

Infant Klinckhardt

(a) Residence, No. 3516 Indiana

St. 24

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

Stillborn

OCCUPATION

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

none

9. Industry or business in which work was done, as 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

Emil Klinckhardt

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

New Athens, Illinois

MOTHER

15. MAIDEN NAME

Martha Sloan

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

St. Louis, Missouri

17. INFORMANT (ADDRESS)

Emil Klinckhardt
3516 Indiana

18. BURIAL, CREMATION, OR REMOVAL

PLACE N. St. Marcus

DATE 9-14-37

19. FUNERAL DIRECTOR (ADDRESS)

Sauerhant & Co.
6322 S. Grand Blvd.,

20. FILE

141 SEP 14 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1937, to Sept. 13, 1937.

I last saw him alive on Sept. 13, 1937. Death is said

to have occurred on the date stated above, at 2 a.m.

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

Stillborn (Premature)

Date of onset

Other contributory causes of importance:

Premature

Name of operation

Date of

What test confirmed diagnosis? Thymic. 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

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) Dr. W. H. Walters, M. D.

(Address) 3608 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Frank Ludwig

No. 2504 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)