NOV 15 1937

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

36248
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 9825

(c) City St Louis Mo (d) Street No. Enroute, City Hospt No 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John G. Klebe.

(a) Residence, No. 4976 Wise St. 4
(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*): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31, 1872

7. AGE: Years 64 | Months 11 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME John Klebe.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Elizabeth. (Unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Henry R. Knight
(ADDRESS) 4976 Wise, St Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE Oct 23rd 1937

19. FUNERAL DIRECTOR Mullen Bros.
(ADDRESS) 4259 Lindell Blvd.

20. FILED Oct 23 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF ~~DEATH~~ Found Dead (MONTH, DAY, AND YEAR) Oct 22, 1937

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 7:30 a.m.

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

	Date of onset
Oedema of Brain	
93C	

Other contributory causes of importance:
Chronic Myocarditis

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

What test confirmed diagnosis? C 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) [illegible], M. D.

(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, W. H. Rogers, Licensed Embalmer No. 3905

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. H. Rogers

Licensed Embalmer No. 3905

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.)