

NOV 23 1937

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

38717  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 333  
(b) Township Ferguson Town Primary Registration District No. 4468 Registered No. 187  
(c) City Ferguson Mo. (d) Street No. 101 Marguerite 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

Paul B. Kleinsorge,

(a) Residence, No. 101 Marguerite Ave. St.   
(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) Feb. 27th 1897

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>5</u>	<u>40</u>	<u>7</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesmen  
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) East Prairie, Mo.  
(STATE OR COUNTRY)

FATHER 13. NAME Frank Kleinsorge,

14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nora Robiston,

16. BIRTHPLACE (CITY OR TOWN) Lincoln, Mo.  
(STATE OR COUNTRY)

17. INFORMANT Miss. Ruth Kimmel.  
(ADDRESS) 1315 North Taylor Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Oct. 19 1937

19. FUNERAL DIRECTOR My Reider Mnd. Co.  
(ADDRESS) 1417 W Market Street.

20. FILED Oct 19 1937 W.A. Geitler  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1937, to Oct 16, 1937  
I last saw him alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 11:05 P. m.  
The principal cause of death and related causes of importance were as follows:

Bilateral Optic disease of lungs.  
Date of onset ?  
Other contributory causes of importance:

Name of operation none Date of 11/4/37  
What test confirmed diagnosis? clinical 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?  
If so, specify S. Dashman, M. D.  
(Signed) S. Dashman  
(Address) 4500 Olive St.

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.

Paul B. Smith  
(Licensed Embalmer's Statement on Reverse Side)

*Handwritten signature*

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Al H. Suedler*  
Licensed Embalmer No. 2256

**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.)**