REC'D MAR 24 1938

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

Do not use this space. 8246

1. PLACE OF DEATH
(a) County St Louis 1 Registration District No. 6
(b) Township Wellston Primary Registration District No. Registered No. 364
(c) City Wellston (d) Street No. 6162 Suburban 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 60 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Andrew Kleiber 416
(a) Residence, No. 6162 Suburban 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) Widower
5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Augusta Schildmann Kleiber
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21-1863
7. AGE Years 74 Months 11 Days 5 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Department Manager
9. Industry or business in which work was done, as saw mill, bank, etc. Merrell Drug Co
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Ohio

FATHER
13. NAME Joseph A Kleiber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME A. Dehlinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Marie Jacobs 6162 Suburban ave St Louis Mo
18. BURIAL, ~~CREMATION~~, OR REMOVAL PLACE St Peters DATE 2/28 1938
19. FUNERAL DIRECTOR (ADDRESS) C. H. Schildmann Granite City Ills
20. FILED 2-26 1938 T. R. Meyer M.D. D.C.P.H. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26th 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 18th 1938, to Feb. 26 1938
I last saw him alive on Feb. 25th 1938. Death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	

Other contributory causes of importance:
Chronic interstitial nephritis
arterio sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Frank J. V. Krebs, M. D.
(Address) 3500 N Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No. 1861

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