

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

791  
1003

9403  
Do not use this space.

REC'D APR 11 1938

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. City Hospital No. 1 Registered No. 2992  
 (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**

C. 17326 Henry Kline 450  
 (a) Residence, No. 221 South Broadway 25 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 2, 1866  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 1 8  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. nil  
 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) Ohio

FATHER 13. NAME Henry Kline

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

MOTHER 15. MAIDEN NAME Catherine Menke

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hosp. Info M. Kent

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 4/1/38

19. FUNERAL DIRECTOR (ADDRESS) David Van Gosen  
City Hosp # 1

20. FILED J. P. Brebeck Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10/38 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 2/25/38 to 3/10/38  
 I last saw him alive on 3/10/38 1938. Death is said to have occurred on the date stated above, at 3.10 a m.  
 The principal cause of death and related causes of importance were as follows:

Senility  
Arteriosclerosis, Generalized  
Pulmonary Tuberculosis  
 Date of onset  
 Other contributory causes of importance:  
Peritonitis - Primary

Name of operation None Date of  
 What test confirmed diagnosis? Was there an autopsy? ja

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  
 (Signed) Deedee Lockwood, M. D.  
 (Address) City Hospital No. 1

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. WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD I X12604

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**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. ....

**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.)**