

REC'D MAY 10 1938

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

12516  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** St.  
(e) Length of residence in city or town where death occurred **15** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Sylvester Kley** **403**  
(a) Residence, No. **6111 a Alabama Ave.** St. **7**  
(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 **Edna Kley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 15, 1900**

7. AGE YEARS **37** MONTHS **5** DAYS **17** If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) **Webster Groves,** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Andrew Kley**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis County** (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Katherine Gardner**

16. BIRTHPLACE (CITY OR TOWN) **Webster Groves,** (STATE OR COUNTRY) **Missouri**

17. INFORMANT **W. D. Moore M. D.** (ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem. Park** DATE **4-4-38**

19. FUNERAL DIRECTOR **Southern Ind. Co.** (ADDRESS) **6322 S. Grand**

20. FILED **APR 2 1938** **J. F. Brinkley**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-1-38** 19

22. I HEREBY CERTIFY, That I attended deceased from **July 1, 1936** to **4-1-48**, 19.....  
I last saw h. **in** **4-1-38**, 19..... Death is said to have occurred on the date stated above, at **4:20 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Pulmonary Tuberculosis (Bilateral) 3-16-38x**  
**83**  
Other contributory causes of importance: **General Paralysis of the Insane 11-17-30x**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?.....  
If so, specify (Signed) **W. D. Moore, M.D.** M. D.  
(Address) **5400 Arsenal St.**

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.

50M-7-30-37 I X12004

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.)