

REC'D JUN 9 1938

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

16466

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. **FIRMIN DESLOGE HOSPITAL** Registered No. **4327**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. **3419 Henrietta** St. **17** (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) **JUNE 26 - 1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 10 14

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) **ST. LOUIS MO.**

13. NAME **HERMAN KLEINSCHMIDT**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GEORGETOWN OHIO**

15. MAIDEN NAME **ROSE WILMIS**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **OHIO**

17. INFORMANT (ADDRESS) **ROSE KLEINSCHMIDT 3419 HENRIETTA**

18. BURIAL, CREMATION, OR REMOVAL PLACE **BETHANIA CEMI.** DATE **MAY 14 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **E. J. Schmur 3125 Lafayette av.**

20. FILED **MAY 11 1938** **J. D. Buech** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 10 1938**

22. I HEREBY CERTIFY, That I attended deceased from **2/16 1938 to 5/10 1938**

I last saw him alive on **5/10 1938** Death is said

to have occurred on the date stated above, at **7:00 P. m.**

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

Teratoma of Testicle (left) malignant Date of onset
5/10

Other contributory causes of importance:

Generalized metastasis

Name of operation **Removal of testicle** Date of **2/19/38**

What test confirmed diagnosis? **Path exam.** 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) **J. J. McDonald** M. D.

(Address) **3125 S. Grand**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 4014

Joseph B. Vollmer, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed Joseph B. Vollmer
Licensed Embalmer No. 4014

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.