

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.

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

REC'D AUG 12 1938

23448
Do not use this space.

1. PLACE OF DEATH

(a) County Lutheran Hosp. Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. _____ 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

(a) Residence, No. Baby Kleinschmidt, 452
Kimmwick, Mo. R-1 St. NR
 (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 Female 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) July 9th - 1938

7. AGE YEARS MONTHS DAYS NEW BORN - - - LESS than 1 day, or hrs. min.

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. +
 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.

FATHER 13. NAME John Gottfried Kleinschmidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kimmwick, Mo.

MOTHER 15. MAIDEN NAME Clara Schmidt

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

17. INFORMANT A. Frieda Landsky, R.N.
 (ADDRESS) Lutheran Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kimmwick Mo DATE 7-9-38 19.

19. FUNERAL DIRECTOR John Kleinschmidt
 (ADDRESS) Kimmwick Mo

20. FILED JUL 9 1938 J. B. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9th 1938 to July 9th 1938
 Last seen alive on St. Louis, Mo. 19... Death is said to have occurred on the date stated above, at 9:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Post-MATURITY
 Other contributory causes of importance:
CONTRACTION RING.

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? 1
 If so, specify Engineer
 (Signed) Engineer A. Vogel, M. D.
 (Address) 3325 S. Grand

Not embalmed

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.)