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

24048
Do not use this space.

1. PLACE OF DEATH AUG 12 1938
(a) County
(b) Township
(c) City
Registration District No. 791
Primary Registration District No. 1003
Registered No. 6742
(d) Street No. DePaul. Hosp. 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 Mary Kleimann.
(a) Residence, No. 4461 Penrose Str. St. O
(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*): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Erich H. W. Kleimann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3. 1891

7. AGE: Years 47 | Months 0 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
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. O

FATHER
13. NAME Henry W. Freese. O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri O

MOTHER
15. MAIDEN NAME Augusta Baumbach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Erich H. W. Kleimann. 4461 Penrose Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 7/29/38 19

19. FUNERAL DIRECTOR (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILED JUL 28 1938 J. D. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from 11/9 31, 19..., to 7/26 38, 19..., I last saw her alive on 7/25 38, 19..., Death is said to have occurred on the date stated above, at 7.40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	7/23/38
Other contributory causes of importance: Chronic Interstitial Nephritis / Hypertension	11/19/31

Name of operation Date of
What test confirmed diagnosis? Clinical findings Was cancer on autopsy? No

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) Thomas B. Lawton, M. D.
(Address) 2743 N Grand

(Licensed Embalmer's Statement on Reverse Side)

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.
I X12004

Fr. 6730
10-12

STATEMENT BY LICENSED EMBALMER

I, Frank A. Moore, Licensed Embalmer No. 3041

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

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.)