

REC'D SEP 12 1938

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

27605

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** (d) Street No. **Central Hospital** Registered No. **7619**  
(e) Length of residence in city or town where death occurred **58** yrs. **4** mos. **28** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Dr. Arthur Frank Kleykamp**

(a) Residence, No. **3834 St. Louis Avenue** St. **11**  
(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 Sophia A. Kleykamp  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 29, 1880**  
7. AGE YEARS **58** MONTHS **4** DAYS **28** If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Physician**  
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) **8/28/38** Total time (years) spent in this occupation **30**

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

13. NAME **Henry F. Kleykamp**

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

15. MAIDEN NAME **Pauline Leinker**

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

17. INFORMANT **Mrs. Sophia A. Kleykamp**  
(ADDRESS) **3834 St. Louis Ave.**

18. BURIAL, CREMATION OR DISPOSAL PLACE **Valhalla Cem** DATE **8/29/38**

19. FUNERAL DIRECTOR (NAME) **Kraeger-Voss-Fix**  
(ADDRESS) **3402 No. Kingshighway**

20. FILED **AUG 27 1938** **J. P. Rudolph** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 26, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 23**, 19**38**, to **Aug 26**, 19**38**  
I last saw him alive on **Aug 26**, 19**38** Death is said to have occurred on the date stated above, at **1:30 A.M.**

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

**Abscess of lung, caused by unknown**

Other contributory causes of importance:

**Hypostatic Pneumonia 3 days**  
**Bronchial**

Name of operation..... Date of.....

What test confirmed diagnosis? **X-ray** Was there an 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? **no**

If so, specify.....

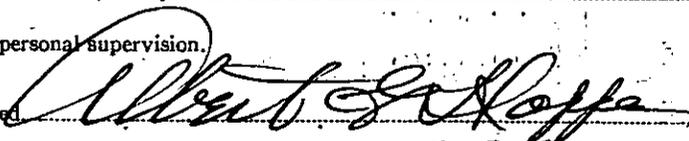
(Signed) **Dolan Cameron** M.D.(Address) **548 N. Howard St.**

**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, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed



Licensed Embalmer No. 2971

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.**