

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4818
Do not use this space.

1511

RECD MAR 13 1939

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. City Hospital No. 1 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1443 Clinton St. 2L (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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Kleinlein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 71 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Florist
9. Industry or business in which work was done, as saw mill, bank, etc. n/a
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) Germany

13. NAME George Kleinlein

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

15. MAIDEN NAME Mary?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cemetery, Feb. 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Widewidener, Emil, 1936 St. Louis

20. FILED J.P. Pruech Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15/39 19

22. I HEREBY CERTIFY, That I attended deceased from 12/16/38, 19 to 2/15/39, 19

I last saw him live on 2/15/39, 19. Death is said

to have occurred on the date stated above, at 8.40 a.m. The principal cause of death and related causes of importance were as follows:

Primarily, 2 esophagus
Cancers, Catarrhal

Other contributory causes of importance: 116a

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? If so, specify

(Signed) Wm. J. Keenan, M. D.
(Address) City Hospital No. 1

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.

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.....

Laron Percy
.....
working under my personal supervision.

Registered Apprentice No. *141*

Signed *[Signature]*
.....

Licensed Embalmer No. *3737*

P. O. Address *1926 St. Louis Ave*

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.