

MAR 15 1939

APR 7 1938

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

12271
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284
(b) Township Demay Primary Registration District No. 300
(c) City St. Louis County (d) Street No. 234 Military Rd. 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.

Registered No. 4692. PRINT FULL NAME Robert Kleinecke

(a) Residence, No. 234 Military Road St.
(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 (OR) WIFE OF Katherine Kleinecke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Shipping
9. Industry or business in which work was done, as saw mill, bank, etc. Clerk
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 013. NAME Adolph 614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 615. MAIDEN NAME Rhean 616. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Erwin Kleinecke
(ADDRESS) 4933 Loughborough18. BURIAL, CREMATION, OR REMOVAL
PLACE N. St. Marcus DATE Mar. 16, 193919. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 S. Broadway20. FILED MAR 15 1939 T. R. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 193922. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1939 to Mar. 13, 1939I last saw him alive on Mar. 12, 1939. Death is saidto have occurred on the date stated above, at 1:52 p.m.

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

Cerebral thrombosis

Date of onset

3. 11. 39

Other contributory causes of importance:

Several cerebral thrombosis in past 4-5 yearsName of operation none Date of 6 mos.What test confirmed diagnosis? 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) Dr. Roy L. Beck, M. D.(Address) 3110 S. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

80M-9-1-38 I X18605

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.....

Frank J. M. Ford Sr......, Registered Apprentice No.....
working under my personal supervision.

Signed.....*Frank J. M. Ford Sr.*.....

Licensed Embalmer No. *2645*.....

P. O. Address.....*St. Louis, Mo.*.....

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.