

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7951

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAE" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME KATHERINE KLING

8. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife HENRY KLING 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 20 1855
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>85</u>	<u>5</u>	<u>-</u>	hr. <u>11</u> min. <u>11</u>

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Roth

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mathie Jorgen
(b) Address 2841 Shenandoah

17. (a) BURIAL (b) Date thereof SEPT 24 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette St. av

19. (a) SEP 24 1940 (b) J. B. ...
(Date of local registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2841 Shenandoah
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st
year 1940 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the Right Femur; Arteriosclerosis; suffered when deceased fell while attempting to arise from a chair at a nursing home at 5102 Maple Avenue, on Sept. 11th, 1940, at about 10:00 A.M.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Sept. 11th, 1940

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
(Specify type of place)

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Joseph M. ... (M. D. or other) _____
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Joe Bollmer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette 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.