DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5402

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1650

REC'D MAR 25 1941

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Little Sisters of the Poor 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Unknown (Specify whether years, months or days) In this community 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1716 (If outside city or town limits, write "RURAL")

(d) Street No. Little Sisters of the Poor 3400 S. Grand 7 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Minnie Kling

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ----

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased February (Month) 22 (Day) 1861 (Year)

8. AGE: Years 79 Months 11 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER 12. Name Sebastian Kling

13. Birthplace Unknown 7 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Edgar Kling

(b) Address 4521a S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (Month) (Day) (Year)

(c) Place: burial or cremation O.S.S. Peter & Paul

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 2331 S. Broadway

19. (a) FEB 20 1941 (Date received local registrar) (b) J. V. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15 1941 to Feb 19 1941 that I last saw h alive on Feb 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Kidney Failure

Due to Rosenary Insufficiency

Due to " " Occlusion

Due to Myocardial Infarct

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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

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

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

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

While at work (Specify) Means of injury 0

23. Signature (M. D. or other)

Address Date signed 2/20

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.