

No. 2  
-1-4-41  
5-17-39

I X28320

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1941  
OCT 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30150**  
Registrar's No. **7489**

Registration District No. **791**

Primary Registration District No. **1003**

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

**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:  
5861 Cates Ave.  
(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)

**3. (a) PRINT FULL NAME** Mary Bemarkt Klinger

3. (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 Widowed

6. (b) Name of husband or wife William Klinger 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec. 6, 1880  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>60</u>	<u>9</u>	<u>8</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business.....

**MOTHER FATHER** { 12. Name Henry Everding

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

14. Maiden name Maria Schultz

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

16. (a) Informant George H. Bemarkt  
 (b) Address Jefferson City, Mo.

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

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Wick Bros. Und. Co

(b) Address 2201 S. Grand Bl.

19. (a) SEP 16 1941 (b) J. Budick  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cole **026**

(c) City or town Jefferson City **N.R. 5**  
(If outside city or town limits, write "RURAL") **7**

(d) Street No.....  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **1**  
 If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept day 14  
 year 1941 hour 7 minute 0 A. M.

21. I hereby certify that I attended the deceased from 3-30 1939 to 9-14 1941  
 that I last saw him alive on 9-8 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Gen. Arterial Sclerosis **10 yd.**

Due to.....

Other conditions SSA  
(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:

(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?..... (a) Means of injury.....

23. Signature Burton Bohannon (M. D. or other) **PHYS**  
 Address 2607 So. Grand Date signed 9-15-41

**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 *Jerry A Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St

**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, fact should be so stated above.**