

FILED MAR 17 1942

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 10 mos. 4 days.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **H 13**
(If outside city or town limits, write "RURAL")
(d) Street No. 3753 Evans Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1942 hour 2:50 minute P. M.
21. I hereby certify that I attended the deceased from 7-1-42 19 to 1-30-42 19 ;
that I last saw him alive on 1-30-42 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Peritonitis 1-30-42
Due to _____
Perforation of Intestine
Due to _____
Large Bowel 1-30-42

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy Yes.
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? _____

While at work _____ (Specify type of place) _____ (Specify means of injury)
23. Signature Hubert A. Smith (M. D. or other) _____
Address 5400 Osage St. Date signed 2/2/42

3. (a) PRINT FULL NAME ROBERT KLEE
3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20, 1905
(Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Illinois
13. Birthplace Edna Klee Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Kentucky
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant L. Kleggenbaf

(b) Address 500. Abbeault

17. (a) Buried (b) Date thereof 2 2 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labbe Charles Ave

18. (a) Signature of funeral director Ray Miller

(b) Address 5041 Delaney

19. (a) FEB 2 1942 J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed

Harold F. Rowland

Licensed Embalmer No. *3114*

P. O. Address.....

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.