S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8813

FILED APR 8 1942 791

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 8813

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: DePaul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Mo.~~ Illinois (b) County NR 499 11

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

(d) Street No. ~~DePaul Hospital~~ (If rural, give location)

(e) If foreign born, how long in U. S. A.? X X X X years. 2

3. (a) PRINT FULL NAME ROBERT KLEINE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased March 4th 1942 (Month) (Day) (Year)

8. AGE: Years XXXXX Months XXX Days 7 If less than one day ____ hr. 0 min.

9. Birthplace DePaul Hospital St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation X X X X X X

11. Industry or business X X X X X X

FATHER
12. Name Charles Kleine
13. Birthplace Glen Carbon, Illinois. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katie Bertolero,
15. Birthplace Collinsville, Illinois. (City, town, or county) (State or foreign country)

16. (a) Informant Robt. Bertolero
(b) Address Collinsville, Illinois.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof March 12 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Collinsville, Illinois.

18. (a) Signature of funeral director Vincent Altmt
(b) Address Collinsville, Illinois.

19. (a) MAR 12 1942 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1942 hour 10 50 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from March 4, 1942, to March 11, 1942, that I last saw him alive on March 11, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mongolianism	7 days
Congenital heart disease —	
Due to transposition of aorta	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Autopsy not made is yet	

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? (e) Means of injury _____

23. Signature R. Emmer Kane (M. D. ~~or other~~)
Address 1117 N Grand Date signed 3/12/42

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed Registered Apprentice No. ..... working under my personal supervision.

Signed Vincent A. Hom

Licensed Embalmer No. 1142

P. O. Address Collinsville, Ill.

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.