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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 2[illegible] 791

State File No. 19732

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5908

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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:
4259 Kossuth Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 / 0

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4259 Kossuth Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lul M. Kleinschmidt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Allen J. Kleinschmidt

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 26, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	15	hr. min.

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

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name Martin L. Rader
13. Birthplace Unknown (City, town, or county) / Indiana (State or foreign country)

MOTHER
14. Maiden name Jennie Gerkey
15. Birthplace Unknown (City, town, or county) / Indiana (State or foreign country)

16. (a) Informant Allen J. Kleinschmidt
(b) Address 4259 Kossuth Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th.
year 1942 hour 4:00 AM minute ..... M.

21. I hereby certify that I attended the deceased from May 10 1942, 19..., to July 11, 1942
that I last saw her alive on July 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of Liver c̄ jaundice	4 yrs?
Due to 1/2	
Due to 1/24	
Other conditions Peripheral Neuritis (Include pregnancy within 3 months of death)	7 yrs

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? ..... (e) Means of injury 0

23. Signature C. Kleinschmidt (M. D. ~~or other~~)
Address 827 Metropolitan Bldg Date signed 7/12/42

(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.....

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

working under my personal supervision.

Signed Francis G. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

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.