S. No. 2
—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4420

Primary Registration District No. [illegible]

Registrar's No. 1588

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:
2318 Salsbury St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 da. (Specify whether
In this community 1 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair 777 11

(c) City or town Belleville N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 822 South Jackson St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME PHILLIPENA KLINGLER

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 John Klingler

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August (Month) 21 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	5	23	hr. min.

9. Birthplace Millstadt Twshp. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER
12. Name Phillip Krupp
13. Birthplace Millstadt (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Elizebert Grandcola
15. Birthplace Freeburg Tenshp (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Philip Klinger
(b) Address Belleville Ills.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Illinois

18. (a) Signature of funeral director Virgil A. Bergman
(b) Address Belleville Ills.

19. (a) FEB 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th year 1943 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 7, 1943, to Feb 14, 1943 that I last saw her alive on Feb 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions Chr. Myocarditis
(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? (e) Means of injury

23. Signature Aloysius A. Nield (M. D. or other)

Address 3901 W. Florissant St. Louis, Mo. Date signed 2/17/43

(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 Virgil A. Bergman, Registered Apprentice No. ..... working under my personal supervision.

Signed Virgil A. Bergman

Licensed Embalmer No. 3697

P. O. Address Belleville Ills

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

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