V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8477

State File No.

FILED MAR 30 1943

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 2670

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FIRMIN DELOGE O
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 19

(c) City or town ST. LOUIS 9/4
(If outside city or town limits, write "RURAL")

(d) Street No. 5854 DELOR
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME ADAM KLEM

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race O WHITE

6. (a) Single, widowed, married, divorced O SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased AUGUST (Month) 14 (Day) 1860 (Year)

8. AGE: Years 82 Months 7 Days 4 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO O (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name MICHAEL KLEM 4
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant EMIL SECKEL

(b) Address 5854 Delor

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 22-43 (Month) (Day) (Year)

(c) Place: burial or cremation OLD ST. PETER + PAUL

18. (a) Signature of funeral director C H Hoffmeister U+L Co

(b) Address 7814 S Broadway

19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18
year 1943 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from 1-22-43, 19, to 3-18, 1943;
that I last saw him alive on 3-18-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	1 wk
Due to Carcinoma of Bladder	1 yr
Due to	
Other conditions Hypertensive cardio-vascular disease Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of bladder
Of autopsy Not done

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 W. F. Melick (M. D. ~~or other~~)

Address 1325 So. Grand Date signed 3/19/43

(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 Paul A. Franklin, Registered Apprentice No. _____, working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 7472

P. O. Address 646 A Fairfax

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.