S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12377

State File No. 4119

LED MAY 12 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:
5924 Page Blvd.,
(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 17 12

(a) State Mo. (b) County

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

(d) Street No. 5924 Page Blvd.,
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Adam Klemm

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 Married

6. (b) Name of husband or wife Katherine Klemm

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Oct. 10, 1865.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	6	22	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Lucas Klemm
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Amelia ?
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Katherine Klemm
(b) Address 5924 Page Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/43. (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) MAY 3 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1943 hour 6.00 minute A.M.M.

21. I hereby certify that I attended the deceased from Apr. 1, 1943 ~~May 2 1943~~ to May 2 1943
that I last saw him alive on May 1 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	1 Mo.
Due to ~~Chr. Myo~~ Chr. Cardio-nephritis	30 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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

23. Signature E. E. Ernane (M. D. or other) MD.
Address 2901 Big Bend Blvd. Date signed 5/3/43.

(Licensed Embalmer's Statement on Reverse Side)

Dr. E.E.Tremain
2901 Big ben Road
HI. 2559.
10-12 A.M.

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

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.