

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

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FILED AUG 21 1943

Registration District No. **317** Primary Registration District No. **3063**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Overland Clayton**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2808-Tennyson Avenue Co. Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... **22 Years** (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **Robert Louis Klee**
3. (b) If veteran, name war **None** **3. (c) Social Security** No. **None**

4. Sex **M** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **M**
6. (b) Name of husband or wife **Maude** **6. (c) Age of husband or wife if** **53** **years**
7. Birth date of deceased **Aug 15 1871**
 (Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **28** If less than one day
 hr. min.

9. Birthplace **Spartan Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Paper-hanger**

11. Industry or business **self**

12. Name **Daniel Klee**
13. Birthplace **Cleveland Ohio**
 (City, town, or county) (State or foreign country)
14. Maiden name **Jane Battle**
15. Birthplace **Cleveland Ohio**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Maude Klee**
(b) Address **2808-Tennyson Overland, Mo.**

17. (a) Burial **(b) Date thereof** **8-14-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Preston, Illinois-Motor**

18. (a) Signature of funeral director **(b) Address** **2504-Woodson Rd-Overland**

19. (a) AUG 14 1943 **(b)** **(Date received)** **(Registrar's signature)**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Overland**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2808-Tennyson Avenue**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12**
 year **1943** hour **12:50** minute **30** **A. M.**

21. I hereby certify that I attended the deceased from
 , 19 , to , 19 :
 that I last saw h..... alive on....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death **Natural causes.** **Duration**

Due to **Advanced occluding coronary sclerosis with thrombosis.**

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations..... **994**
 Of autopsy **Yes.** **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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Louis H. Hoff** **(b) Address** **Kirkwood, Mo. 8-13-43** **Date signed**

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

Gustave R. Bannan

Licensed Embalmer No.

2315

P. O. Address

Overland, 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.