

S. No. 2
M-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30105

State File No. 8770
Registrar's No.

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

FILED OCT 13 1943 318

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 5848 Cabanne Ave.
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME George Leonard Kline

3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Merv Ellen Kline
6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 8th., 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Supervisor

11. Industry or business Bell Telephone Co.

12. Name Harry Kline

13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

14. Maiden name Frances Idell

15. Birthplace Cal. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Merv Ellen Kline

(b) Address 5848 Cabanne Ave.

17. (a) Burial (b) Date thereof 10-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director
(b) Address 3840 Lindell Blvd

19. (a) OCT 4 1943 (Date received local registrar)
J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 5-17
(c) City or town St. Louis
(d) Street No. 5848 Cabanne Ave.
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 1 day 3rd., 1943 hour 1 minute 20 a.m.

21. I hereby certify that I attended the deceased from March 1933 to Oct 2 1943
that I last saw him alive on Sept 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature George Stecher (M. D. or other)
Address 1634 N. Grand Date signed 10/4/43

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

847

St. Cec. Sweeney
Mo. The Bldg.

Mr. Heaton
11-12
St. Cec. Sweeney

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.