

S. No. 2
M-9-4-41
V. 5-17-39
X2948

30196

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 13 1943

8649

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
Life

In this community _____ (Specify whether)
Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2719 Wyoming St.
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Kling

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased September 29, 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	-	-	-	6 hr. 42 min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Leonard Kling

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Ferber

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Kling

(b) Address 2309a South 12th St.

17. (a) Burial (b) Date thereof 9 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Shackel-Heldrich and Co.

(b) Address 3634 Gravois Avenue

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1943 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-29-1943 to 9-29-1943
that I last saw him alive on 9-29- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Premature Birth

Due to _____
Due to _____

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

Major findings: Of operations
Of autopsy _____

Duration

6 hrs 42 min.

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? _____

23. Signature _____ (Specify type of place)
J. F. Medeski (e) Means of injury

Address 395-81 S. Seaside Date signed 9-29-43

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

6 23 @ 143

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.....

No Embalming

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank J. [Signature]

Licensed Embalmer No.....

29645

P. O. Address.....

St Louis 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.