

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3786

State File No.

FILED DEC 8 1943

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 386

1. PLACE OF DEATH

(a) County Callaway

(b) City or town Paulcox
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital No. 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 67M 3d
(Specify whether years, months or days)

In this community 3d
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 014

(c) City or town Overland 2
(If outside city or town limits, write "RURAL")

(d) Street No. 9022 North Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Leo A. Kleissle

(b) If veteran, name war WIC

(c) Social Security No. WIC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1943 hour 8-20 minute AM

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Kleissle

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 51
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/8/1943 to 11/23/1943

that I last saw him alive on 11/22/1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>			hr. min.

Immediate cause of death Pulmonary Abscess

Due to Bronchopneumonia

Due to

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

10. Usual occupation Postal Employee

Other conditions (Include pregnancy within 3 months of death)

Major findings: 107

11. Industry or business Emil Kleissle

12. Name Emil Kleissle

13. Birthplace 51 9
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Reid

15. Birthplace 51 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy

16. (a) Informant Reid

(b) Address

17. (a) Removal (b) Date thereof Nov 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Guernsey, Missouri

18. (a) Signature of funeral director Geo. L. Wallace

(b) Address Fulton, Missouri

19. (a) Nov 23 1943 (b) Joe M. M... ..
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury

23. Signature George A. Reuss (M. D. or other) MD
Address Fulton Mo Date signed 11/23/43

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

MOTHER FATHER

MAY 24 1944

MAY 17 1944

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 _____ *Robert E. White*

Licensed Embalmer No. *4168*

P. O. Address. *Quinton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.