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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5359

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1641

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: Alezian Bros Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Week (Specify whether years, months or days) In this community 60 Years in St Louis.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St Louis 923 (If outside city or town limits, write "RURAL")

(d) Street No. 2613 Iowa Ave. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM KLECKA

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 2 Widower

6. (b) Name of husband or wife Elizabeth Klecka

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

7. Birth date of deceased Aug 29, 1861 (Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Gardener

FATHER
12. Name William Klecka
13. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

16. (a) Informant Thomas Klecka

(b) Address 2613 Iowa Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19/44 (Month) (Day) (Year)

(c) Place: burial or cremation Old S. C. Peter & Paul

18. (a) Signature of funeral director Thos Lili & Son

(b) Address 2906 Gravois Ave.

19. (a) FEB 18 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1944 hour 9 50 P.M. minute M.

21. I hereby certify that I attended the deceased from 1-15, 1944, to Feb 15, 1944, that I last saw him alive on Feb 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial — Duration 2 days

Due to Senility

Due to Auricular Fibrillation — 3 wks.

Other conditions (Include pregnancy within 3 months of death) 107

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) No

(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 0

23. Signature F. J. Swekosky (M. D. or other) MD

Address 1935 Park Date signed 2-17-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lucy Kortley
Mrs & Park Ave

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 David Van Fossan.

Licensed Embalmer No. 4242

P. O. Address 2906 Gravois 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.