V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5362

FILED MAR 6 1944 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1962

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: 3645 Lierman // (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 54 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 15 (If outside city or town limits, write "RURAL")

(d) Street No. 3645 Lierman, (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Joseph Kleiner

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife mathilde ~~Elizabeth~~

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 26, 1870 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days ~~5~~ If less than one day hr. min.

9. Birthplace Germany, (City, town, or county) 4 (State or foreign country)

10. Usual occupation Butcher;

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name do

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

16. (a) Informant mathilde ~~Elizabeth~~ Kleiner,

(b) Address 3645 Lierman

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 2/29/44 (Month) (Day) (Year)

(c) Place: burial or cremation MISSOURI Crematory

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa

19. (a) FEB 28 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Feb 21st, 1944, to Feb 25th, 1944 that I last saw him alive on Feb 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Mycarditis	?
Carcinoma of Liver	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

468

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)

(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 Frank J Stanga (M. D. or other)

Address 3924 S. Grand Bl Date signed 2/28/44

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No.
Local Registrar's No. 1962

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of March, 1944, before me appears Lester J Burkart, who, upon his oath, states that the original record of ~~birth~~ death for Joseph Kleiner died ~~born~~ Feb. 27th, 1944, in the State of Missouri, and which was filed at St. Louis, Mo. on 2-28-, 1944, should be corrected as follows:

Item No. 6b should read Mathilde
Instead of Elizabeth
Item No. 16a should read Mathilde Kleiner
Instead of Elizabeth Kleiner
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

Corrected 3-7-44

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lester J Burkart Funeral Director
Relationship.

4016 Chippewa St.
Present Address.

Subscribed and sworn to before me this 7 day of March, 1944

My Commission expires Ella C Paddock Notary Public.

My Commission Expires March 4, 19..

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

...a V. S. 135
...5M-3-42
...I X32339

5362