

FILED JUN 19 1944

Registration District No.

Primary Registration District 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:
3319 Minessotta Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community **20 Years In St Louis.**
years, months or days)

3. (a) PRINT FULL NAME **JULIUS KLEEB**

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 **Married**

6. (b) Name of husband or wife **Katherine Kleeb** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **March 29 1899**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
45	2	3	hr.	min.

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

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Rudolph Kleeb**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Theresa Riegert**

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Katherine Kleeb**

(b) Address **3319 Minessotta Ave.**

17. (a) **Burial** (b) Date thereof **June 5th/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S.S. Peter & Paul**

18. (a) Signature of funeral director **Thaddeus & Son**

(b) Address **3906 Gravois Ave.**

19. (a) **JUN 3 1944** (Date received local registrar) **J. J. Brudack** (Registrar's signature)

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. **3319 Minessotta Ave.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2nd**
year **1944** hour **4 00** A.M. minute _____ M.

21. I hereby certify that I attended the deceased from **1-24** 19**44** to **6-2** 19**44**
that I last saw him alive on **6-2** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Tongue with Metastases to Lymph Nodes of Neck**
Duration **9 mo.**

Due to _____

Other conditions: **none**
(Include pregnancy within 3 months of death)

Major findings: **as above**
Of operations _____

Of autopsy: **none done**

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) (e) Means of injury _____

23. Signature **Leuit Porter** (M. D. or other) _____
Address **3770 Washington** Date signed **6/3/44**

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corrected by affidavit 6-6-1958

MOTHER FATHER

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847

Joseph L. ...

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 Garrison*

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 19910-44

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

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 5105

On this 30 day of April, 1958, before me appears Thomas J. Cline, who, upon his oath, states that the original record of birth death for Julius Kleeb, died June 2, 1944, in the State of Missouri, and which was filed at St. Louis on June 2, 1944, should be corrected as follows:

Item No. 14 should read THERESIA RIEGER
Instead of THERESA RIEGERT

Item No. should read
Instead of

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

(SEAL)

Affiant Thomas J. Cline Undertaker
2906 Gravois
Present Address. Relationship.

Subscribed and sworn to before me this 30 day of April, 1958

My Commission expires Mar 21 1960 Adèle Bondi Notary Public

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

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