

FILED JUL 21 1944

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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23151

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 6165

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:  
5925 Etzel 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 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. 5925 Etzel Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John H. Kleinschmidt

3. (b) If veteran, name war \_\_\_\_\_

No

3. (c) Social Security

No 492-22-6990

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

6. (b) Name of husband or wife Fredreka Kleinschmidt 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 15, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 4 26 hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business Tool & Die Co.

MOTHER FATHER

12. Name Henry Kleinschmidt

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

14. Maiden name Louisa Kleinschmidt

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

16. (a) Informant Mrs. Fredreka Kleinschmidt

(b) Address 5925 Etzel Ave.

17. (a) Burial (b) Date thereof July 13, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) Jul 11 1944 (b) J. F. Bredeck  
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th  
year 1944 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from October 3, 1943 to July 11, 1944  
that I last saw him alive on July 8 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid metastases to liver Duration 18 mo

Due to a pelvis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca. of sigmoid metastases to liver  
Of operations \_\_\_\_\_  
Of autopsy pelvis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. Kleinschmidt (M. D. or other) \_\_\_\_\_  
Address 508 N. Grand Date signed 7/11/44

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

JUL 27 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

*John A. McManis*

Licensed Embalmer No.

4186

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.**