

S. No. 2
 OM-5-43
 v. 5-17-39
 I X34671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 15 1945 318

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39508
 State File No. _____
 Registrar's No. 11292

Registration District No. _____ Primary Registration District No. 1003

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

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 6729 Alabama 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 _____ (Specify whether _____)
 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. 6729 A Alabama Ave.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Louis J. Kleb
 3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. None
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Elizabeth Kleb 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 24 1980
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 31
 year 1944 hour 10 minute 30 P M.
 21. I hereby certify that I attended the deceased from Dec 31
 1944 to Dec 31 1944
 that I last saw him alive on Dec 31 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 3 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death apoplexy - cerebral thrombosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retail Merchant
 11. Industry or business Mea's Furnishings
 12. Name George Kleb
 13. Birthplace Alsace France
 (City, town, or county) (State or foreign country)
 14. Maiden name Genevieve Schindler
 15. Birthplace A lsace France
 (City, town, or county) (State or foreign country)
 16. (a) Informant Richard Kleb
 (b) Address 6729 A Alabama Ave.
 17. (a) Burial (b) Date thereof January 3, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
Mt. Olive Cemetery
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
 (b) Address 7814 S. Broadway
 19. (a) JAN 2 1945 (b) J. J. Bredsch
 (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? _____
 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature E. E. Weckert (M. D. or other) _____
 Address 6829 U. Ave. Date signed 1/14/45

FEB 10 1945

Dr. McBratney

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 *Louis C. Hoffmeister*

Licensed Embalmer No. *5871*

P. O. Address *7814 S Broadway*

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.