S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22404

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5923

1. PLACE OF DEATH:

(a) County MISSOURI

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MISSOURI BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 35 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3715 BATES 4
(If rural, give location)
15 10

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

If yes, name country

3. (a) PRINT FULL NAME MARGARET KLING

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased APRIL (Month) 30 (Day) 1875 (Year)

8. AGE: Years 72 Months 1 Days 16 If less than one day hr. min.

9. Birthplace KENTUCKY 1
(City, town, or county) (State or foreign country)

10. Usual occupation WIDOW

11. Industry or business AT HOME

FATHER
12. Name JOHN HODGKINS
13. Birthplace KENTUCKY 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ALICE CLEMENS
15. Birthplace KENTUCKY 1
(City, town, or county) (State or foreign country)

16. (a) Informant DELLA DASSAU
(b) Address 3715 BATES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 20 1947 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) JUN 18 (Date received local registrar) (b) J. F. Bredect (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16
year 1947 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-14-46, 19, to 6-16, 1947
that I last saw her alive on 6-16, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

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 Edwin D Vitt (M. D. or other)

Address 3805 So Bdway Date signed 6/18/47

(Licensed Embalmer's Statement on Reverse Side)

3805a S. Broadway

1. 4

G. Vitt

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 Leo J. Budde

Licensed Embalmer No. 3989

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.