No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39843

Primary Registration District No. 1003

Registrar's No. 10559

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 Christian Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community 71 years

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. 5936 Era Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 7
If yes, name country

3. (a) PRINT FULL NAME Mrs. Wilhelmine Kling
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, married, widowed, divorced married
6. (b) Name of husband or wife Fred Kling
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased September 17th. 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	1	28	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER
12. Name unknown.
13. Birthplace Germany (City, town, or county) (State or foreign country)
FATHER
14. Maiden name unknown.
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Fred Kling
(b) Address 5936 Era Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-47. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) (Date received local registrar) 11/17/1947 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 15th. year 1947. hour 2:00 PM. minute M.
21. I hereby certify that I attended the deceased from 11-7- 1947 to 11-15 1947 that I last saw h. alive on 11-15- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Chr.	8 day
Due to Arteriosclerosis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Geo. A. Mellis (M. D. or other)
Address 2739 N. Grand Date signed 11/17/47

Jefferson City Printing Co.

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.