S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14872

Registration District No. 77 — Primary Registration District No. 3068 — Registrar's No. 1202

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7301 Elm Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 7301 Elm Ave 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Fredrick W. Kleeburg
3. (b) If veteran, name war .....
3. (c) Social Security No.: 490-28-6976

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Ella Kleeburg nee Kehr
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: June 16, 1867 (Month) (Day) (Year)

8. AGE: Years 80 | Months 10 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country) C
10. Usual occupation: Retired
11. Industry or business .....

MOTHER FATHER

12. Name: Frederick C. Kleeburg
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4
14. Maiden name: Elizabeth Walter
15. Birthplace: Unknown (City, town, or county) Bavaria (State or foreign country) 8

16. (a) Informant: Ella Rippstein
(b) Address: R.R.3, Box 105 Florissant, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Math Hermann & Son, Inc.
(b) Address: 2161 East Fair Ave
19. (a) 3-12-48 (Date received local registrar) (b) Cecil A. Stafford MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May-8, 1948, to May 10, 1948 that I last saw him alive on May 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to: —	
Due to: — 830	
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? —
(e) While at work? — (Specify type of place) (e) Means of injury —

23. Signature: Vincent J. Townsend (M. D. or other) M.D.
Address: 3101 a Sutton Ave Maplewood Mo. Date signed: 5-11-48

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 William G Buchholz

Licensed Embalmer No. 2110 S

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.