

FILED JUL 3 1948
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis MO**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Inly Hosp**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **6-23-48**
In this community **6-23-48** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5800 Arsenal St**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINTED FULL NAME **Henry Klinkel**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

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

7. Birth date of deceased **Feb, 22, 1867**
(Month) (Day) (Year)

8. AGE: Years **81** Months **4** Days **1** If less than one day hr. _____ min. _____

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

10. Usual occupation **Brewer Worker (Retired)**

11. Industry or business _____

12. Name **Unknown Henry Klinkel**

13. Birthplace **Unknown**
(City, town or county) (State or foreign country)

14. Maiden name **Unknown**
(City, town or county) (State or foreign country)

15. Birthplace **Unknown**
(City, town or county) (State or foreign country)

16. (a) Informant **City Inly Primary Records**
(b) Address **3800 Arsenal St**

17. (a) **Burial** (b) Date thereof **6-26-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

18. (a) Signature of funeral director **Woydell M. Muntz**

(b) Address **1926 Allen Avenue**

19. (a) **J. F. Bredeck**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6/23** day _____ year **48** hour **11** minute _____ A. M.

21. I hereby certify that I attended the deceased from **5/1** 19 **48** and that death occurred on the date and hour stated above.
that I last saw him **alive** on **6-23** 19 **48**

Immediate cause of death **Broncho pneumonia** Duration **48 hrs**

Due to **Cerebral Vasculer Accident** **14 yr**

Due to **Cerebral Arteriosclerosis**

Other conditions **J. J. O.**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **Mary O. Smith M.D.** (M.D. or other) _____

Address **5600 Arsenal St** Date signed **6/24/48**

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

..... **Me**, Registered Apprentice No.....
working under my personal supervision.

Signed Benj. I. Dunham

..... Licensed Embalmer No. 2272

P. O. Address. 1926 Allen Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.