DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1948

Registration District No. 518

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38327

Registrar's No. 9968

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: 5400 Lisette
(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 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louisette
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 Lisette
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Herman O. Klingel

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January (Month) 4 (Day) 1882 (Year)

8. AGE: Years 66 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Mascoutah (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER

12. Name Simon Klingel

13. Birthplace Mascoutah (City, town, or county) Ill. (State or foreign country)

MOTHER

14. Maiden name Mary Fries

15. Birthplace Mascoutah (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Emma Klingel

(b) Address 5400 Lisette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L. Ziegenhein&Sons

(b) Address 7027-Gravois

19. (a) NOV 17 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1948 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 11/13/48, 19, to 11/15, 1948; that I last saw him alive on 11/15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Anuria	2 days
Due to Chronic nephritis	2 yrs
Due to Lymphatic leukemia	2yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (c) Means of injury

23. Signature [illegible] Simpson M.D. (M. D. or other)

Address 3739 Gravois Ave Date signed 11/16/48

(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 Frank D. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.