

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24862

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

6405

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>D</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell Hill 8120</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1 Box # 2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital Assn.</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Kleckner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 10, 1875</u>		
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months Days		11. OVER 1 YRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during month not working, if even if retired) <u>Locomotive Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Easton, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Kleckner</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Stucker</u>			14. NAME OF HUSBAND OR WIFE <u>Emma B. Kleckner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. F. Fancourt Miller 8410 N. Broadway</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension. Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>321X</u>				
22. I hereby certify that I attended the deceased from <u>July 15, 1951</u> , to <u>July 17, 1951</u> that I last saw the deceased alive on <u>July 17, 1951</u> , and that death occurred at <u>1:00 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Type or Print) <u>Miss Sarah M. D.</u>				23b. ADDRESS <u>Mr. Poe Keep</u>		23c. DATE SIGNED <u>7-17-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Creation</u>		24b. DATE <u>7-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 18 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son, Inc. 2161 E. Fair Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student

Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

John W. Nash

12 21 1912

3737

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.