

DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37737**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1277

117
2

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>1140 9M-24d</u>		d. STREET ADDRESS (If rural, give location) <u>6026 Gordon.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2,</u>			

3. NAME OF DECEASED (Type or Print) <u>FRANK</u>	a. (First)	b. (Middle)	c. (Last) <u>KLINGE,</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-1952,</u>
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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>1-13-1893.</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24,</u>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cooper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cooperage.</u>	11. BIRTHPLACE (State or foreign country) <u>Odessa, Russia.</u>	12. CITIZEN OF WHAT COUNTRY? <u>6 Naturalized U.S.A.</u>
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13a. FATHER'S NAME <u>George Klinge.</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Kirchgasser.</u>	14. NAME OF HUSBAND OR WIFE <u>Amelia Klinge.</u>
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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. Amelia Klinge - 6026 Gordon St. Joseph Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningo-encephalitis Syphilitica</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-26-1952, to 12-7-1952, that I last saw the deceased alive on 12-6-1952, and that death occurred at 4:20 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Fernand Thomas,</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital No. 2, St. Joseph Mo.</u>	23c. DATE SIGNED <u>12-7-1952,</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-9-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 8, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casto</u>	446	25. FUNERAL DIRECTOR'S SIGNATURE <u>John R. Reiff,</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

FEB 6 1953

MAR 20 1953

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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John E. Rupp
Licensed Embalmer No. 7986

P. O. Address Joseph 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.