

FILED APR 28 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 13549

3428

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>24 2857 S. Jefferson Ave. 2249</b>													
3. NAME OF DECEASED (Type or Print)			a. (First) <b>WILLIAM</b>			b. (Middle)			c. (Last) <b>KLINGLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-17-55</b>					
5. SEX <b>M</b>			6. COLOR OR RACE <b>W</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>Jan. 12, 1893</b>			9. AGE (In years last birthday) <b>62</b>			IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elevator operator</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Martin Bldg.</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Christ Klingler</b>				13b. MOTHER'S MAIDEN NAME <b>Julia Brodhack</b>				14. NAME OF HUSBAND OR WIFE <b>Frieda Klingler</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>				16. SOCIAL SECURITY NO. <b>488-28-4419</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frieda Klingler, 2857 S. Jefferson</b>				ADDRESS					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE PULMONARY EDEMA (RECURRENT)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DIS.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>BRONCHOPNEUMONIA (RT. LUNG)</b>								INTERVAL BETWEEN ONSET AND DEATH <b>3 WKS.</b>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <b>4200</b>									
22. I hereby certify that I attended the deceased from <b>3-26</b> , 19 <b>55</b> , to <b>4-17</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>4-16</b> , 19 <b>55</b> , and that death occurred at <b>8:25A m.</b> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <b>Coroner B. Brown M.D.</b>						23b. ADDRESS <b>1325 So. Grand Blvd.</b>						23c. DATE SIGNED <b>4-17-55</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>				24b. DATE <b>April 20, 1955</b>				24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>				24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>APR 18 1955</b>				REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Witt Bros. L. &amp; U. Co.</b>				ADDRESS <b>2929 S. Jefferson</b>					

(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edgar F. Witt*.....  
Licensed Embalmer No. 2117

P. O. Address 2929 So. Jth

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.