

XC-1227 221
Reg. #11,553
SL #7497 FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34916**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**
Registrar's No. **8940**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN Maplewood ⁵³⁴			
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.		e. STREET ADDRESS (If rural, give location) 7434 Lohmeyer					
3. NAME OF DECEASED (Type or Print)		a. (First) August		b. (Middle) T.			
		c. (Last) KLINGER		4. DATE OF DEATH (Month) (Day) (Year) 10-13-55			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH 3-18-1892		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			
11. BIRTHPLACE (City and State or Foreign Country) Ellisville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Klinger			
14. MOTHER'S MAIDEN NAME Margaret Straub		15. NAME OF HUSBAND OR WIFE Violet Klinger		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-I			
17. SOCIAL SECURITY NO. Unknown		18. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records		19. ADDRESS 915 N. Grand, St. Louis, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RHEUMATIC HEART DISEASE 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 Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 416x			
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?			
22. I hereby certify that I attended the deceased from 10-9-55 , 19 55 , to 10-13-55 , 19 55 , that he died on the 13th day of October , 19 55 , and that death occurred at 6:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. F. Joseph		23b. ADDRESS VAH, 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 10-13-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE OCT-17-55		24c. NAME OF CEMETERY OR CREMATORY ST-TRINITY-CEM.			
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		DATE REC'D BY LOCAL REG. OCT 13 1955		REGISTRAR'S SIGNATURE J. Carl Smith			
25. FUNERAL DIRECTOR'S SIGNATURE W. B. Smith		ADDRESS MAPLEWOOD 17 Mo					

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.....
J. L. Burgess

Licensed Embalmer No. *402*

P. O. Address *Wayne*

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.