

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH18143  
State File No. \_\_\_\_\_BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5028**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <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>5513 Pennsylvania</b>				e. STREET ADDRESS (If rural, give location) <b>15 5513 Pennsylvania Av.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>Christian</b> c. (Last) <b>Kling</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 25 1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>April 1888</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Intl Shoe Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.G</b>
13a. FATHER'S NAME <b>Louis C. Kling</b>			13b. MOTHER'S MAIDEN NAME <b>Theresa Ferembach</b>		14. NAME OF HUSBAND OR WIFE <b>none</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>489-01-2846</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Daniels 5513 Pennsylvania</b>			
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>Crownay thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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 <b>420.1</b>				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) (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 <b>4/30 1956</b> to <b>5/25 1956</b> , that I last saw the deceased alive on <b>5/23 1956</b> , and that death occurred at <b>6:30</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Jes. Grunert M.D.</b>				23b. ADDRESS <b>5521 S. Boling</b>		23c. DATE SIGNED <b>5/25/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/28/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S.S. Peter &amp; Paul Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co.</b>		
DATE REC'D BY LOCAL REG. <b>MAY 25 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Witt Bros. &amp; Co. 2929 S. Jefferson</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

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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 *Francis J. Weyland*.....

Licensed Embalmer No. ....45

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