

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041029

STATE FILE NUMBER

FILED NOV 19 1958 Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. James</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Soldiers Home</b>		Length of stay in 1b <b>9 mo.</b>	d. STREET ADDRESS (If outside, give location) <b>←</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Kling</b> Last <b>Kling</b>			4. DATE OF DEATH Month <b>11</b> Day <b>8</b> Year <b>58</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-25-1877</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>←</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13. FATHER'S NAME <b>Leonard Kling</b>			14. MOTHER'S MAIDEN NAME <b>Mary Leicht</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>Yes Spanish Amer.</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Soldiers Home Office - ST. James, MO</b>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma of prostate</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized metastasis</b> DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>177X</b>
20c. TIME OF INJURY Hour <b>12:15</b> Month, Day, Year <b>11-8-58</b>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. James, MO</b>	COUNTY <b>St. Louis</b>	STATE <b>MO</b>
21. I attended the deceased from <b>3/1-58</b> to <b>11-8-58</b> and last saw <b>him</b> alive on <b>11-8-58</b> . Death occurred at <b>12:15</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>Josh. Groesbeck MD</b>	(Degree or title)	22b. ADDRESS <b>St. James, MO</b>	22c. DATE SIGNED <b>11-9-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-12-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, MO</b>
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24. FUNERAL DIRECTOR <b>Ziegenheim Mortuary - St. Louis, MO</b>	ADDRESS <b>Nov. 9, 1958</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 9, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 8 0 8 AM 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by MR, Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Orval E. Tick

Licensed Embalmer No. 33

P. O. Address St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.