

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH - 61-034553

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED FILED SEP 18 1961 318 Primary Registration District No. 1003 Registrar's No. 8205 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 hrs.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 917 Baden Ave.
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Fred William Kleckamp			4. DATE OF DEATH Month Day Year 9 4 61		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12/12/04	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Fred Kleckamp		13b. MOTHER'S MAIDEN NAME Emma Sieckmeier		14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Emma L. Kottemann		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage from fracture of left chest,
Suffered when struck by C & A train at foot of
Doddridge St. about 12:55 - A.M. Sept. 4, 1961

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR LEADING UP TO THE terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days.
802X-35
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
see above

20c. TIME OF INJURY
Hour Month, Day, Year
12:55 p.m. 9-4-61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
B.R.R. tracks

20f. CITY, TOWN, OR LOCATION COUNTY STATE
St. Louis, Mo

21. I attended the deceased from 3:30 to a and last saw her/him alive on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at 3:30 a on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Fresh Du...
22b. ADDRESS
1300 Clark
22c. DATE SIGNED
9-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal
23b. DATE
9/6/61
23c. NAME OF CEMETERY OR CREMATORY
New Bethlehem Cem.
23d. LOCATION (City, town, or county) (State)
St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS
Drehmann-Harral 1905 Union
25. DATE RECD. BY LOCAL REG.
SEP 5 1961
26. REGISTRAR'S SIGNATURE
Earl Smith Mo

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ
DATE AMENDED

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 Albert R. Thompson

Licensed Embalmer No. 4257

P. O. Address St. Louis

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.