MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012878

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3681

FILED APR 12 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 — 24000 23 S

3 — 4 0 — 5 1 — 6 — 7 2 — 8 2 — 9 — 10 — 11 — 12 64-0 — 13

64

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Westwood
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Grounds 27 Westwood Country Club
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Fred Middle Last Kling
4. DATE OF DEATH: Month April Day 6 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-1-85
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dress Mfg.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Austria
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Unk.
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Rose Kling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Stephen Kling Address: 20 Spoede Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro-vascular thrombosis-left — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease with
DUE TO (c): Congestive Heart Failure — 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1927, to present and last saw ~~her~~ him alive on 4/6/62
Death occurred at 8:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Arthur Goldman M.D.
22b. ADDRESS: 63 & No Grand
22c. DATE SIGNED: 4/7/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-8-62
23c. NAME OF CEMETERY OR CREMATORY: Nai Amoona Cem.
23d. LOCATION (City, town, or county): St. Louis, County (State): Mo.
24. FUNERAL DIRECTOR: Herman Rindskopf Inc ADDRESS: 5216 Delmar
25. DATE RECD. BY LOCAL REG.: APR 8 1962
26. REGISTRAR'S SIGNATURE: Neal Smith, M.D.

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 Peter B. Dubroullet

Licensed Embalmer No. 36-91

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.