

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11739-62-044483  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

VS 300  
Rev. 4/59

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240273

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DATE AMENDED  
12/28/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF  
7/30/89

SHOULD READ  
7/30/98

ITEM NO. 8

DOCUMENT Confirmation Record

BY AFFIDAVIT OF Son-in-Law

1. DATE OF DEATH a. COUNTY <b>DEC 14 1962</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. Louis</b>		Length of stay in 1b <b>11 days</b>	c. CITY OR TOWN <b>Hillsdale</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6428 St. Louis Avenue</b>
3. NAME OF DECEASED First Middle Last <b>CHARLES GEORGE KLINGER/1898</b>			4. DATE OF DEATH Month Day Year <b>December 5, 1962</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>7/30/1889</b>
9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>5</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Crane Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wagner Electric Co</b>	11. BIRTHPLACE (City and state or country) <b>Ellisville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Klinger</b>	
13b. MOTHER'S MAIDEN NAME <b>Anna Straub</b>		14. NAME OF HUSBAND OR WIFE <b>Mathilda Karsten Klinger</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>[REDACTED]</b>	
17. INFORMANT <b>Mrs. Charles Klinger</b>		Address <b>6428 St. Louis Ave</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulm. Emphysema</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic C V disease</b> DUE TO (c) <b>527.1</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b> <b>?</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from <b>4-29-61</b> to <b>Dec. 5, 1962</b> and last saw <sup>him</sup> <del>her</del> alive on <b>Dec. 5</b> , 1962 Death occurred at <b>5:00 Pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Bert H. Klem M.D.</b>		22b. ADDRESS <b>2632 S. Kingshighway Blvd.</b>	22c. DATE SIGNED <b>12/7/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Dec. 8, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurell Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Ambruster Mortuary 6633 Clayton Road</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 7- 1962</b>	26. REGISTRAR'S SIGNATURE <b>Boad Smith, M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

1907 A 10-10-11

**STATEMENT BY LICENSED EMBALMER**

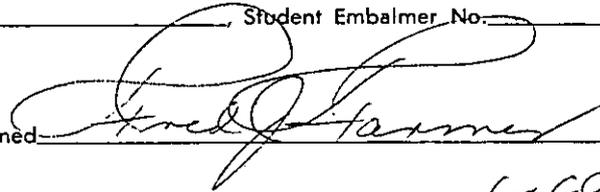
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4788

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.

R. J. ... containing ... of ...