

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10351

File No. _____
Registered No. **2923**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1093**
City St. Louis (No. City, Hospital)

2. FULL NAME

(a) Residence, No. 31414 Osceola, 15 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Kleng

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/23/1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
66 11 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) city

13. NAME Nicholas Kleng

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Stephanial?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) M. Williams
City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Marcus Cem. Mar. 17 1937

19. UNDERTAKER (ADDRESS) Stuck Bros
2201 So. Grand Bl.

20. FILED 19 37 JF Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14/37 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/7/37 1937, to 3/14/37 1937

I last saw him alive on 3/14/37 1937. Death is said to have occurred on the date stated above, at 8:52 m.

The principal cause of death and related causes of importance were as follows:

Degenerative Heart Disease
Arteriosclerosis

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) AW Hans, M. D.
(Address) _____

MAR 16 1937

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD

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