

Department of Health of The City of New York  
BUREAU OF RECORDS  
STANDARD CERTIFICATE OF DEATH

BOROUGH OF Man

No. 570 West 156 St St.

Character of premises, whether tenement, private, hotel, hospital or other place, etc. apt

Registered No. 24453

2 FULL NAME John P. Kleirow

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	15 DATE OF DEATH <u>October 9</u> , 192 <u>9</u> (Month) (Day) (Year)
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6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

7 AGE 52 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Retired Base Ball  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Prussia

(A) How long in U. S. (if of foreign birth) Life (B) How long resident in City of New York 25 yrs

10 NAME OF FATHER John Kleirow

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.  
Former or usual Residence } \_\_\_\_\_

16 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from Oct 6 1929 to Oct 9 1929, that I last saw him alive on the 9 day of Oct 1929, that death occurred on the date stated above at 8:15 AM, and that the cause of death was as follows:

Angina Pectoris  
duration \_\_\_\_\_ yrs. mos. ds.  
Contributory Arterio Sclerosis and  
(Secondary) Myocarditis  
duration 2 yrs. mos. ds.

Witness my hand this 10 day of Oct, 1929  
Signature William W. Bennett M. D.  
Address 3090 Broadway

FILED

17 PLACE OF BURIAL  
Lutheran Cemetery

DATE OF BURIAL October 12, 1929

18 UNDERTAKER  
James F. McGowan

ADDRESS  
1879 Amsterdam Ave

NO MULTIPLE CERTIFICATES WILL BE REQUIRED