

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 20

Space: J2

Find A Grave # 11916101

Name: **Klingler, Frances Cope Smith**

Birth date: November 27, 1843 Death date: November 12, 1934 Burial Date: November 15, 1934 Age: 90
b. PA

Spouse: John H. Klingler (1836-1914)

Children: John H. Klingler Jr. (1861-1946); Lucinda Klingler (1862-)

Parents: John W. Smith (1817-1878) and Sarah A. Turner Smith (1817-1903)

Siblings: William Frances Smith (1840-1864); Thomas D. Grover Smith (1843-1915); Lewis Charles Levin Smith (1849-1916)

Residence: Philadelphia, PA

Cause of death/Burial/Obituary: Bladder cancer

Service/occupation information:

Officiate: Rev. C. H. Long

Lot Owner: Mrs. Sarah A. Smith

Marker: shared with spouse

Inscription: South side

Frances C.
Wife of John H. Klingler
Nov. 27, 1843 – Nov. 12, 1934

DIMENSIONS: H 72" x W 31" x D 21"

STYLE: I. H. S. on cross on top of casket shaped stone

Repairs: cleaned summer 2021



Inventory date: September 16, 2019 Recorder: Ted George

Form V, S. No. 5-100M-5-11-25

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. **97052**
Registered No. **22257**
If death occurred in a Hospital or Institution give its NAME instead of street and number.

CERTIFICATE OF DEATH 452

1. PLACE OF DEATH **51**
County of **Philadelphia** Registration District No. **06**
Township of **do 1133 Wyoming Ave** Primary Registration District No. **49**
City of **do** (No. **1133 Wyoming Ave** St. **49** Ward)

2. FULL NAME **Frances Cape Klingler**

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed		16. DATE OF DEATH Nov. - 12 / 1934 (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of John H Klingler (or) WIFE of				17. I HEREBY CERTIFY, that I attended deceased from Nov. 6th 1934 , to Nov. 12th 1934 , that I last saw her alive on Nov 12th 1934 , and that death occurred, on the date stated above, at 4:30 P.M. The CAUSE OF DEATH* was as follows: Carcinoma of Bladder 53 (duration) yrs. mos. ds.	
6. DATE OF BIRTH (month, day, and year) Nov. 27. 1843				CONTRIBUTORY (SECONDARY) (duration) 1 yrs. mos. ds.	
7. AGE Years Months Days IF LESS than 1 day hrs. or min. 90 11 16				18. Where was disease contracted if not at place of death? <input checked="" type="checkbox"/>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Retired - (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				Did an operation precede death? no Date of	
9. BIRTHPLACE (city or town) (State or country) Philadelphia Pa				Was there an autopsy? no	
10. NAME OF FATHER John Smith				What test confirmed diagnosis? Kuerner-Coffman N. D. Nov 12 1934 Address: 1602 Vine St.	
11. BIRTHPLACE OF FATHER (city or town) (State or country) don't know				*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
12. NAME OF MOTHER Sarah Ann Turner				19. PLACE OF BURIAL, CREMATION OR REMOVAL Christ Church Ground DATE OF BURIAL 11/16/34 Forest, Dela.	
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia				20. UNDERTAKER H. M. Battersby ADDRESS 3316 N. Broad St.	
14. Informant John H Klingler					
(Address) 1133 Wyoming Ave					
15. Filed 11/14/34 19 11-14-34					

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11-3194

NOV 14 1934