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

Do not use this space.

25711

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25711

Township ..... Primary Registration District No. 1003 Registered No. 7309

City St. Louis, Mo. (No. 5170 Rosa Ave. St. ..... Ward)

2. FULL NAME Charles Klein

(a) Residence. No. 5170 Rosa St., 2 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 5 - 1858.

7. AGE: 69 YEARS, 0 MONTHS, 7 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Book Printery
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

PARENTS

10. NAME OF FATHER: Aug. Klein
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Henrietta Klein
(Address) 5170 Rosa Ave.

15. FILED AUG 13 1927, 19..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 1927

17. I HEREBY CERTIFY, That I attended deceased from October 25, 1926 to Aug 12, 1927, that I last saw him alive on Aug 12, 1927, and that death occurred, on the date stated above, at 10:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92 A Stenosis of Aorta

94 A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hyma - Pectoris

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

9 Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

8/13 (Signed) Herman L. Hickmann, M.D.
1927 (Address) 3279 So. Jefferson

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Picken Cem.
DATE OF BURIAL: Aug 15 1927

20. UNDERTAKER: Fregenbrin Bros. 2623 Cherokee
ADDRESS

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.

...THIS IS A PERMANENT RECORD