WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

19071

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 5489

City St. Louis Mo (No. ..... Lutheran Hospital St. ..... Ward)

2. FULL NAME Edward J. Klein

(a) Residence. No. 4314 S 37 St St. 15 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: A. Louisa Klein

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 10 1869

7. AGE: Years 59 | Months 1 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Commercial 59 56
(b) General nature of industry, business, or establishment in which employed (or employer): Artist
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Jacob Klein
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): A. Louisa Klein 4314 S. 37 St

15. FILED MAY 20 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 18 1928

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1928, to May 18, 1928 that I last saw him alive on May 18, 1928, and that death occurred, on the date stated above, at 9 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

57 (duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Amputation of left leg for diabetic gangrene (duration) — yrs. — mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4314 S. 37th

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 14th & May 18 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sugar in the blood and urine

(Signed) William Winter, M. D

May 19, 1928 (Address) 3325 S. Grand Ave

*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: St. Peters Cemetery | DATE OF BURIAL: May 21 1928

20. UNDERTAKER: Wm J. Robert | ADDRESS: 1905 S. Grand Bld