

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

Do not use this space.

13173

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City St. Louis (No. 2414 - S. 13th St.)

File No.

Registered No. 3733

St. Ward)

2. FULL NAME

(a) Residence. No. 2414 - S. 13th St. St., 23 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 Amelia Klein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 0 6

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Mill Man (b) General nature of industry, business, or establishment in which employed (or employer) Schmbacker Rolling Mills (c) Name of employer

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

10. NAME OF FATHER Isador Klein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Barbara Fischer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Amelia Schreint (Address) 2414 - S. 13th St.

15. FILED 3 19 Mar 27 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 27 1928, to MARCH 29 1929, that I last saw h.i.m. alive on MARCH 11 1929, and that death occurred, on the date stated above, at 12-15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC MYOCARDITIS (duration) 6 yrs. 6 mos. — ds. CONTRIBUTORY (SECONDARY) CHRONIC INTERSTITIAL NEPHRITIS 8 years CARCINOMA OF FACE 4 years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? YES DATE OF Nov. 8-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Joseph E. Doll M. D.

(Address) March 27 1929 2350 So. 9th St

*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

DATE OF BURIAL

Old St. Marcus

Mar 28 1929

20. UNDERTAKER

ADDRESS

Wacker Helderle

2331 S. Blum

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.

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