

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

Do not use this space.

14669

1. PLACE OF DEATH

County.....
Township.....
City..... (No. 3311, Minnesota 1003)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 4066.
St. Ward)

2. FULL NAME Mary Klein

(a) Residence. No. 3311 Minnesota St., 16 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Otto Klein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 12, 1857**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	11	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer) ---
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Joseph Pope**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Yes Klein**
(Address) **3786 1/2 Bamberger**

15. FILED **23 1930**
Wm C. Staker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 22 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Mar 17** 19**30** to **Apr 22** 19**30**
that I last saw h. **ee** alive on **Apr 22** 19**30**, and that death occurred, on the date stated above, at **5:56 A. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (Chemic) 108
96

Lobar Pneumonia (duration) mos. ds.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED **101 A**

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **W. E. Schlein** M. D.

4/27 19**30** (Address) **2816 S. Grand 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 **St. Peter & Paul Cemetery** DATE OF BURIAL **April 25 1930**

20. UNDERTAKER **Hauck & Schmitt** ADDRESS. **3732 S. Grand Blv.**

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.

