

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.

MAR 24 1934

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

Do not use this space.

7367

1. PLACE OF DEATH

County St. Louis
Township Central
City University City

Registration District No. 1160
Primary Registration District No. 4470
(No. 7249, Westgate)

File No. _____
Registered No. 26
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 7249 Westgate St., _____ 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 Lena Klein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1877

7. AGE YEARS 56 MONTHS 9 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewelry Repair

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

13. NAME Joseph Klein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Hannah

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Mrs. Lena Klein
7249 Westgate

18. BURIAL, CREMATION, OR REMOVAL PLACE Grav. Uniona DATE 2/18 1934

19. UNDERTAKER (ADDRESS) W. B. Bergner
4715 Mt. Pleasant

20. FILED Feb 17, 1934 Lena D. Mueller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934, 1934

I last saw him alive on Feb 17, 1934. Death is said to have occurred on the date stated above at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 2/17/34

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Joseph Magidson, M. D.

(Address) 526 Westgate

