

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.

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 103
City St. Louis, Mo. (No. 791) Winn Deacon Hospital St. Ward)

37609
File No. 10055
Registered No.

2. FULL NAME

Robert Klein
(a) Residence, No. St. 791 Ward. Callinsville Ills
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 17-1927</u>		
7. AGE	YEARS <u>12</u>	MONTHS <u>1</u>
	DAYS <u>58</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>	11. Total time (years) spent in this occupation <u>15</u>
	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)	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callinsville Ills</u>	
FATHER	13. NAME <u>Louis Klein</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callinsville Ills</u>	
MOTHER	15. MAIDEN NAME <u>Frieda Ritter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callinsville Ills</u>	
17. INFORMANT <u>Mrs Frieda Ritter</u> (ADDRESS) <u>Callinsville Ills</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Callinsville Ills</u> DATE <u>Oct -16</u> 19 <u>34</u>		
19. UNDERTAKER <u>Albert H. Hoppe Inc</u> (ADDRESS) <u>129 N. Euclid</u>		
20. FILED <u>10-13-1934</u> <u>J. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14 1934, to Oct. 14 1934

I last saw him alive on Oct. 14 1934 Death is said to have occurred on the date stated above, at 4:45 P.

The principal cause of death and related causes of importance were as follows:
Benign mediastinal tumor exerting pressure on trachea, bronchi, and great vessels that drain the neck.

Other contributory causes of importance:
Edema of glottis & larynx.

Name of operation Bronchoscopy Date of Oct. 14, 34

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
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) J. J. Rowland M. D.
(Address) 600 Union West
1225 S. Grand Ave.

