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.

DEC 13 1934

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

Do not use this space.

41201

**1. PLACE OF DEATH**

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

Township ..... Primary Registration District No. 1003 ..... Registered No. 1118

City St Louis (No. City Hosp #1 St. ..... Ward)

**2. FULL NAME** Leo Klein

(a) Residence, No. 2026 Destrehan St. Ward 26 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pauline Klein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dont know

7. AGE: about 78 YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brewer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 95
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): Germany

FATHER

13. NAME: George Klein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hosp Inf M. Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Zions DATE: Nov 24 1934

19. UNDERTAKER (ADDRESS): Hy Leidner Und Co 1417 N. Market St.

20. FILED: OV 23 1934 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/31, 1934, to 11/21, 1934

I last saw him alive on 11/21, 1934. Death is said to have occurred on the date stated above, at 5 p.m.

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

Bronchial Pneumonia
Pyonephrosis - non-tuberculous
Hypertrophy Heart
Pyonephrosis, Non-calculous

Date of onset

Other contributory causes of importance:

95 B2

Name of operation ..... Date of .....

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) [illegible], M. D.

(Address) City Hosp #1