

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

Do not use this space.

18444

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis, Mo.* (No. *Masonic Home*)

File No.

Registered No. **4798**

St. Ward)

2. FULL NAME

(a) Residence, No. *5951 Delmar* St., *17* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *4 yrs. 9 mos. 14 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 *Mrs. Clara Klein*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb'y 18-1862*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>73</i>	<i>3</i>	<i>12</i>	

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

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) *St. Louis Missouri*

13. NAME *Henry Peter Klein*

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

15. MAIDEN NAME *Margaret Rehn*

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

17. INFORMANT (NAME) (ADDRESS) *(Mrs.) Wilmoth Waller 5351 Delmar Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Palhalla Cemetery* DATE *June 1st, 1935*

19. UNDERTAKER (NAME) (ADDRESS) *D. Schmitt 7 Canal 1906 N. Grand Blvd*

20. FILED *MAY 31 1935* *J. A. Bredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May - 30 - 1935*

I HEREBY CERTIFY, That I attended deceased from *May 18*, 19*35*, to *May 29*, 19*35*. I last saw him alive on *May 29*, 19*35*. Death is said to have occurred on the date stated above, at *6:35 am*.

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

Chronic Myocarditis Date of onset *2 yrs.*

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Other contributory causes of importance: *Chronic Interstitial nephritis* *1 yr.*

Name of operation..... Date of..... What test confirmed diagnosis *Phys Ex* 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..... 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) *John C. Cassenberry, M. D.* (Address) *508 N. Grand St.*

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.

