

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.

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 911a, Warren St)

Registration District No. 791
Primary Registration District No. 1003

File No. 41932
Registered No. 5
St. _____ Ward _____

2. FULL NAME Henry Klein

(a) Residence, No. 911a Warren, St., 26 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1868

AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 7 22

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

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

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) France

13. NAME Henry Klein

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

15. MAIDEN NAME not known

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

17. INFORMANT Agnes Swedenski (ADDRESS) 1930 St. Bas Rd, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE Jan 2 1936

19. UNDERTAKER Thos. Leidner and Co. (ADDRESS) 417 St. Charles St. St. Louis

20. FILED JAN - 2 1936

J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 8 a.m.

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

Passing white powder; kind unknown; administered at residence Dec. 31, 1935 at abt. 8:00 a.m.

Other contributory causes of importance: 103

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

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 12/31, 1935

Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury poison

Nature of injury poison

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [Signature], M. D.

(Address) [Address]

1726

