

MAY 7 1936

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

Do not use this space.

16861

## 1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City *St. Louis* (No. *Jewish Hospital*)  
St. Ward

File No.....  
Registered No. 3587  
St. Ward

## 2. FULL NAME

*Marsha May Kline*  
(a) Residence, No. *6269 Gates Ave* St. *N.R.* Ward. *University City, Mo.*  
(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 <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 7-1936</i>		
7. AGE YEARS	MONTHS	DAYS
		<i>26</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<i>None</i>		
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) <i>St. Louis Mo</i>		
13. NAME <i>Philip Kline</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Canton Ohio</i>		
15. MAIDEN NAME <i>Rosa Glitman</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Budapest Hungary</i>		
17. INFORMANT (ADDRESS) <i>J. Weiss 2269 Gates</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>Burial - Ansonia</i> DATE <i>April 2 1936</i>		
19. UNDERTAKER (ADDRESS) <i>T. B. Bergeson 4913 N. 1st St. St. Louis</i>		
20. FILED <i>APR 2 1936</i> <i>J. Bredenk</i> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 2 1936*

22. I HEREBY CERTIFY, That I attended deceased from *March 24 1936*, to *April 2 1936*

I last saw he/she alive on *April 1 1936* Death is said to have occurred on the date stated above, at *6:30 A.M.*

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

*Septicemia*

*abscesses of chest abscess non T.B. cause unknown*

Other contributory causes of importance:  
*Erysipelas with subcutaneous abscesses of chest and abdomen*

Name of operation. *incision and drainage* Date of.....

What test confirmed diagnosis? *Tuberculin* 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) *Samuel W. Blumenthal* M. D.  
(Address) *1027 Mo. Theater Bldg*

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.

