

**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. **1003**  
 City **St. Louis.** (No. **City Hospital #1.**) St. .... Ward)

**21222**

File No. ....  
 Registered No. **5433**

**2. FULL NAME** Edward Klein.

(a) Residence, No. 2102 Delmar. St. 21 Ward. ....  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1897.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
39 1 19

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

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.

13. NAME John Klein.

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

15. MAIDEN NAME Rosalie Larkowski.

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

17. INFORMANT John Klein (ADDRESS) 2312 Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE May 25, 1936

19. UNDERTAKER Central Mort Co Inc. (ADDRESS) 1841 Cass Ave

20. MAY 23 1936 19. J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1936

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

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1300 am.

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

Lobar Pneumonia - Tubercu-  
 losis of Spleen - Infected  
 Mesenteric - Glands  
 Not known whether T.B. of lungs or not

Other contributory causes of importance: J

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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?.....  
 If so, specify.....  
 (Signed) Harold J. ...  
 (Address) ...

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.

MAY 29 1936

