

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

AUG 18 1936

791  
1003

29232  
29246

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, Mo. (No. 4560 A., Chouteau Ave.) St. .... Ward)

File No.....  
Registered No. 8015

2. FULL NAME Henry John Klein

(a) Residence, No. 4560 A., Chouteau Ave. st., 18 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29th, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to July 29, 1936  
I last saw him alive on July 29, 1936. Death is said to have occurred on the date stated above, at 11:45 A.M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10th, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 3 19

Chronic Myocarditis

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

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

10. Date deceased last worked at this occupation (month and year)..... spent in this occupation.....  
Packaging Co (years)

Date of onset Oct. 1931

Other contributory causes of importance:

Anaemia

June 20 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Alois Klein

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT Mrs. Annie Klein  
(ADDRESS) 4560 A. Chouteau Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACED Mt. Lebanon DATE 8/1/36, 1936

19. UNDERTAKER Troneck & Co.  
(ADDRESS) 3710 N. Grand Blvd.

20. FILED JUL 30 1936  
J. F. Brebeck Registrar.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Harman L. Wilson, M. D.  
(Address) 2728 N. 11. 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.

Mr. Meitzen 7-8 P.M.  
2728 N. 11th St.