

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

Do not use this space.

47113

1. PLACE OF DEATH

County.....
Township.....
City St. Louis. (No. 3522A, Illinois Av.)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **25**
St. Ward)

2. FULL NAME Agnes Klein.

(a) Residence, No. 3522A Illinois Av St., 24 Ward.
(Usual place of abode)

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 Female 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 Jacob Klein.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15th 1882.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	54	8	16	

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

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) II. Total time (years) spent in this occupation.

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

13. NAME Not Known.

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

15. MAIDEN NAME Not Known.

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

17. INFORMANT Jacob Klein
(ADDRESS) 3522A Illinois Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS. Peter & Paul DATE Cem. Jan. 2nd, 1937

19. UNDERTAKER Ziegler Bros.
(ADDRESS) 2615 3 6th St.

20. JAN 2 1937 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to 12-31, 1936.

I last saw h.u. alive on 12-30, 1936. Death is said to have occurred on the date stated above, at 4 a. m.

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

Myocarditis
(Chronic)

Other contributory causes of importance: g.i.t.

Date of onset

Name of operation none Date of

What test confirmed diagnosis? Clinical 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

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) P. B. Casper, M. D.
(Address) 3237 Franklin Ave

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.

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Illinois v. ...

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... of ...