MAR 5 - 1937

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 File No. 8560

Township ..... Primary Registration District No. 1003 Registered No. 2015

City St. Louis, Mo. (No. ....., Jewish Hospital St. ..... Ward)

2. FULL NAME Mitzie Klein (Also known as) Marie Schreithofer

(a) Residence, No. 902 No Kingshighway St., 12 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: Female
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: Lewis Klein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 7, 1882

7. AGE: Years 55, Months 1, Days 7. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saleswoman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sonnefelds Dress Shop
10. Date deceased last worked at this occupation (month and year): May 1936
11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria 3

FATHER

13. NAME (unk) Schreithofer 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk 31

MOTHER

15. MAIDEN NAME: Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): Eudora L. Kay, 665 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sunset DATE: 2/17 1937

19. UNDERTAKER (ADDRESS): H. B. Berger, 4215 McPherson

20. FILED FEB 17 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1936, to 2/14, 1937

I last saw her alive on 2/14, 1937. Death is said to have occurred on the date stated above, at 8:30 A.m.

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

	Date of onset
Uremia	

Other contributory causes of importance:

Carcinoma of [illegible]

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) [illegible], M. D.

(Address) [illegible]

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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