

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

35693
Do not use this space.

1. **MAILED 15 1937**
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **9270**
(c) City **St. Louis** (d) Street No. **2121** **Crittenden** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth **32** yrs. mos. ds.

2. PRINT FULL NAME **Anna Klein**
(a) Residence, No. **2121 Crittenden** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **John Klein**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 17 1876**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **60 10 15**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **housewife**
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) **România**
13. NAME **Peter Tontsch**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **România**
15. MAIDEN NAME **Katherine Schnitz**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **România**
17. INFORMANT (ADDRESS) **John Klein 2121 Crittenden St.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **The Crematory** DATE **10-5-37**
19. FUNERAL DIRECTOR (ADDRESS) **Miss B. J. ... 3929 S. Jefferson Ave.**
20. FILED **OCT 4 1937** **Predeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 2 1937**
22. I HEREBY CERTIFY, that I attended deceased from **Sept 10 1937** to **Oct 2 1937**
I last saw him alive on **Oct 20 1937** Death is said to have occurred on the date stated above, at **7 P.M.**
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset
Wed. lax & gaster
Chronic Endostatic nephritis
Other contributory causes of importance:
Name of operation Date of operation
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
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) **Dr. J. J. ...** M. D.
(Address) **3626 So. Broadway**

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.

899
22-29-15
2-29-15

STATEMENT BY LICENSED EMBALMER

Paul A. Shanklin Licensed Embalmer No. *3472*
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Paul A. Shanklin*
L. E.

No. *3472* or by
working under my personal supervision.

Registered Apprentice No.
Signed *Paul A. Shanklin*
Licensed Embalmer No. *3472*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)