

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

DEC 13 1937

39296
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791 / 1003**
 (b) Township Primary Registration District No. Registered No. **10283**
 (c) City **St. Louis** (d) Street No. **Finner Desloge Hosp** 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? yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth Klein (Elizabeth Klein)
 (a) Residence, No. **4007 Potomac St.** St. **15**
 (Usual place of abode, if no street address, write county or city) (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) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 6th, 1876.**

7. AGE YEARS **61** MONTHS **8** DAYS **28** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**

9. Industry or business in which work was done, as law 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) **Germany**

13. NAME **Wilhelm Reifenberger**

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

15. MAIDEN NAME **Unknown Blum**

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

17. INFORMANT **Charles Klein** (ADDRESS) **4007 Potomac St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Picker** DATE **Nov. 6th, 1937**

19. FUNERAL DIRECTOR **Wacker-Helderle** (ADDRESS) **2331 S. Broadway**

20. FILED **J. Bredeck** 19 **AGW** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 3, 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to **Nov 3, 1937**

I last saw h.e.y. alive on **Nov 3, 1937** Death is said to have occurred on the date stated above, at **8:20 P.M.**

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

Generalized Arterio-Sclerosis
Edeema of Brain
Pneumonia + Edeema of Lungs
Broncho-pneumonia
 Date of onset **Monday 1937**

Other contributory causes of importance:

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) **go Brown**, M. D.
 (Address) **Desloge Hospital**

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.

OCCUPATION
 FATHER
 MOTHER

