

REGD APR 21 1938

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

11364  
Do not use this space.

1. PLACE OF DEATH

(a) County Burlington Registration District No. 508  
(b) Township \_\_\_\_\_ Primary Registration District No. 3026 Registered No. 207  
(c) City Lehliccoche (d) Street No. \_\_\_\_\_ 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 Nicholas M. Klein U.S.B.

(a) Residence, No. 817 Eastin St.  (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 Male 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 Margarett Klein  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-2-1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
79 4 1 \_\_\_\_\_  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant (ret)  
9. Industry or business in which work was done, as saw mill, bank, etc. Shoes  
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

FATHER 13. NAME John Klein  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Bernard Klein  
Lehliccoche Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE Mar 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) Gar D Gordon  
Lehliccoche Mo

20. FILED 316 1938 Donel M. Duesend  
Local Registrar. 4-5-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-13-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1937, to March 13, 1938  
I last saw him alive on 2-28, 1938. Death is said to have occurred on the date stated above, at 5:30 pm.  
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis  
Chr. Cystitis  
Date of onset 1934  
Other contributory causes of importance: 923'

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 \_\_\_\_\_, 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? No  
If so, specify \_\_\_\_\_  
(Signed) Donald M. Dowell, M. D.  
(Address) \_\_\_\_\_

STATEMENT BY LICENSED EMBALMER

I, Jas D Gordon, Licensed Embalmer No. 1870  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Jas D Gordon  
L. E.  
No. — or by —, Registered Apprentice No. —  
working under my personal supervision.

Signed Jas D Gordon  
Licensed Embalmer No. 187

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



