

DEC 1 1938

DEC 6 1938

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

44507
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 115 Registered No. 2050
 (c) City University (d) Street No. 6600 Washington 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) Home

2. PRINT FULL NAME

450 Annie Meyer Klene
 (a) Residence, No. 6600 Washington 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 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 Benjamin J. Klene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 25

OCCUPATION 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. at Home
 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) Randolph County Illinois

FATHER 13. NAME Valentine Meyer

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

MOTHER 15. MAIDEN NAME Catherine Miellbach

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

17. INFORMANT (NAME) (ADDRESS) Benj. C. Klene 2651 Clayton ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Dec 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Lupton Sons 7233 Duquesne Blvd

20. FILE DEC 15 1938 A. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/1-38, 1938, to 12/14-38, 1938

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 P. m.

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

Coronary of Stenosis Date of onset
arterio Sclerosis
 Other contributory causes of importance: 46

Name of operation _____ Date of _____
 What test confirmed diagnosis Judging 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) A. R. Meyer, M. D.
 (Address) 4932 W. Maryland

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Bradford A. Miles

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Bradford A. Miles

Licensed Embalmer No. *2901*

P. O. Address *St. Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.