

1939 JUL 12 1939
Registration District No. 291

Primary Registration District No. _____

Registrar's No. 5603

1. PLACE OF DEATH: 1003
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 Years
(Month, months or days)

3. (a) PRINT FULL NAME George J. Klein 450
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July, 28, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 26 hr. min.

9. Birthplace Waterloo Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business Tin Shop for Self.

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur A. Schneider
(b) Address 4146 Holly Hills Blvd.

17. (a) Cremation (b) Date thereof 6/26/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director A. H. McLaughlin
(b) Address 2301 Lafayette Ave.
JUN 26 1939
19. (a) _____ (b) J. B. [Signature]
(Date received local registrar) (Name of registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1407 Grattan Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1939 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from March 4-39
_____ 19____ to June 24 1939
that I last saw him alive on June 23-1939 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio-Sclerosis
Due to Smile changes

Due to Chronic Myocarditis Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration
<u>2</u>
<u>2</u>
<u>2</u>

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature St. Louis Schuchat (M. D. or other)
Address 2200 Chateau Ave. Date signed 6-26-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

