

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40861
Registrar's No. 1958

Registration District No. 784

Primary Registration District No. 115

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(c) Name of hospital or institution: Mc Knight + Bonhomme Pds
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community life
years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME JOHN G. KLEIN 450
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov, day 6
year 1939 hour Nov 3 minute 30PM M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Amelia Klein
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Sept. 15 1867
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

8. AGE: Years 72 Months 1 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Clayton Mo. S
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Klein

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

14. Maiden name Catherine
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John G. Klein
(b) Address Mc Knight + Bonhomme Pds.

17. (a) Buried (b) Date thereof 11-9-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Exp. St. Pauls
18. (a) Signature of funeral director John G. Klein
(b) Address 2504 Woodson Rd - Overland, Mo.

19. (a) NOV 9 1939 (b) John G. Klein
(Date received local registrar) (Registrar's signature)

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 John G. Council (M. D. or other) _____
Address Coroner of St. Louis County Date signed 11/8

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Oscar F. Mueller*

Licensed Embalmer No: *3039*

P. O. Address: *Overland 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.