

Registration District No. **791**

Primary Registration District No. **1003**

**I. PLACE OF DEATH:**

(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:  
**5823 Southwest Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5823 Southwest Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Anna Klein**

3. (b) If veteran, name was **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Late Frederick Klein** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **January 16 1854**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**86 2 3** hr. min.

9. Birthplace **Hungary**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework at home**

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name **Simon Biscay**  
13. Birthplace **Hungary**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**  
15. Birthplace **Hungary**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anton Loeffler**  
(b) Address **5823 Southwest Ave.**

17. (a) **Burial** (b) Date thereof **3-2/-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter & Paul**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**  
(b) Address **4228 So. Kingshighway**

19. (a) **MAR 20 1940** (b) **J. B. Budick**  
(Date received local registrar) (Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **19th**  
year **1940** hour **1** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **March 6<sup>th</sup>**  
**3/6** 1940 to **March 19<sup>th</sup>** 1940

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Disease Chronic**

Due to **Arteriosclerosis**

Due to \_\_\_\_\_

Other conditions **Myocarditis, Chronic**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
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 **J. H. Steinmann** (M. D. or other) **3/19/40**  
Address **5428<sup>th</sup> Magnolia** Date signed

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

Dr. Steinman

5428 A Maguelha

9-11-1-3

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 Edwin M. Bernath

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

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.