

No. 2  
11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

331780  
State File No. \_\_\_\_\_  
Registrar's No. 1705

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:  
7900 Cornell, Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(d) Street No. 7900 Cornell Avenue  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME NICHOLAS OTTO KLEIN  
(b) If veteran, name war none (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 7th year 1940 hour 6:00 minute \_\_\_\_\_ P. M.

4. Sex male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Katherine R. Klein  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 18 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 27 1940 to Sept 9 1940 that I last saw h. alive on Aug 9 1940 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
85 7 20 hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Thrombosis  
Due to Arteriosclerosis  
Due to 94  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Lake County Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Business

11. Industry or business Real Estate

MOTHER FATHER  
12. Name Peter Klein  
13. Birthplace Germany  
14. Maiden name Mary Mondonach  
15. Birthplace Germany

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Clara Klein  
(b) Address 7900 Cornell Avenue

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) burial (b) Date thereof 9/10/40  
(c) Place: burial or cremation Calvary Cemetery

(c) Where did injury occur? \_\_\_\_\_  
(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 \_\_\_\_\_

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 7030 Delmar Blvd. St. Louis

23. Signature Theodore Greiner D. or other \_\_\_\_\_  
Address 4500 Olive St Date signed 9/10/40

19. (a) SEP - 9 1940 (b) W. R. Meyer  
(Date received local registrar) (Registrar's signature)

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

Dr. Theodore Greiner  
4500 Olive Street  
Fo-3800  
St. Louis, Mo.

**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 Clarence H. Murray  
Licensed Embalmer No. 4011  
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.**