No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40907

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. 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: Jewish Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 44 yrs.

2. USUAL RESIDENCE OF DECEASED: 10678
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. Clayton & Cella Rds. N.R (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Isaac D. Kline
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche Kline
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March (Month) 18 (Day) 1876 (Year)
8. AGE: Years 64 Months 89 Days 8 If less than one day hr. min.
9. Birthplace Chicago (City, town, or county) Ill (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Womens Apparel
MOTHER FATHER
12. Name Joseph Kline
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Sophia Baer
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant J. Sidney Salkey
(b) Address 6457 Cecil Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum
18. (a) Signature of funeral director Herman Rondstedt
(b) Address 5216 Delmar Blvd.
19. (a) DEC 26 1940 (Date received by local registrar) (b) J. H. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1940 hour 9 15 minute a. M.
21. I hereby certify that I attended the deceased from June 18, 1931, to Dec. 26, 1940, that I last saw him alive on 12/26/40, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	13 days
Due to: Coronary Sclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy: Coronary Thrombosis.	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Arthur E. Strauss (M. D. or other)
Address 539 N. Grand Date signed 12/26/40.

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.