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

State File No. 41096

Registration District No. 791 Primary Registration District No. _____ Registrar's No. 10867

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

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: Missouri Baptist Sanitarium (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 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 6 (If outside city or town limits write "RURAL")
(d) Street No. 4821 Cupples Place (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Nicholas Klein

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Klein 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Apr 13 (Month) 1885 (Day) (Year)

8. AGE: Years 55 Months 8 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Printer (Retired) 1

11. Industry or business 1

FATHER
12. Name Nicholas Klein 1
13. Birthplace Prussia (City, town, or county) (State or foreign country) 1

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

16. (a) Informant Edwin Klein
(b) Address 4821 Cupples Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Bros
(b) Address 2849 No Euclid Ave

19. (a) DEC 31 1940 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30th year 1940 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from 12-23-40, 19__, to 12-30, 1940 that I last saw him alive on 12-29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscess Pneumonia Bronchi

Due to Pyelonephritis Lyt (non calculous) causing abscess

Due to of brain

Other conditions (Include pregnancy within 3 months of death) 133a

Major findings:
Of operations _____
Of autopsy Pyelonephritis Lyt, Pyelonephritis Abscess, Pneumonia

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury 1

23. Signature A. E. Vilt (M. D. or other) _____
Address 634, N. Grand Date signed 12-31-40

(Licensed Embalmer's Statement on Reverse Side)

W. J. N. Mayfield
Metropolitan Bldg

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.