

Registration District No. 791

Primary Registration District 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:  
3527 N. Ninth St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 11 years  
years, months or days

3. (a) PRINT FULL NAME FLORENCE KLEIN

8. (b) If veteran, name war no 8. (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 John B. Klein 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 2 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months - Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER  
12. Name Unknown 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Klein  
(b) Address 3527 N. 9th St. St. Louis, Mo.  
17. (a) removal (b) Date thereof April 17, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Collinsville, Ills.

18. (a) Signature of funeral director Herbert Kasey  
(b) Address 315 Vandeventer St. Collinsville, Ills.  
19. (a) APR 17 1941 (b) J. D. Bredt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3527 N. 9th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1941 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from Nov. 5, 1940, to April 17, 1941;  
that I last saw her alive on April 15, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 3 years  
Chronic interstitial nephritis 8 years  
Due to old age

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 5 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 0  
23. Signature John C. Cavanaugh (M. D. or other) \_\_\_\_\_  
Address 2514 N. 14th St. St. Louis, Mo. Date signed 4-17-41

WHILE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.

---

---

**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.....

Licensed Embalmer No.....

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.**