

40484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JAN 24 1942

1003

10236

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:  
2716 Belt 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 Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2716 Belt Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ELIZABETH M. KLEIN

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

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

6. (b) Name of husband or wife Rudolph L. 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 8 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 11 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business at Home

12. Name Joseph Schwartz

18. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Clifford

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Florence Klein  
(b) Address 2716 Belt Ave.

17. (a) Burial (b) Date thereof 12 - 26 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen Kelly

(b) Address 7267 Natural Bridge

19. (a) DEC 24 1941 (b) J. F. Budek  
(Date received and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1941 hour 2 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 19, 1941, to Dec 23, 1941.  
that I last saw her alive on Dec 23, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease  
Coronary Artery Disease

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

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

Other conditions Right Hemiplegia  
Blv. art. sclerosis  
(Include pregnancy within months of death)

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

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

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 Robert J. Faneu (M. D. or other) \_\_\_\_\_

Address 654 M. Union Date signed 12/24/41

Duration: \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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17  
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**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 \_\_\_\_\_

*James A. Lammers*

Licensed Embalmer No. *4142*

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

*St. Louis*

**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.**