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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 493

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 272

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: ST. ANTHONY HOSP. O
(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 MO (b) County 006 17 9

(c) City or town ST. LOUIS. — 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7023 MARQUETTE O
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LORENZ KLEIN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE O

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ISABEL

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased JULY (Month) 22 (Day) 1896 (Year)

8. AGE: Years 45 Months 5 Days 17 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO O (State or foreign country)

10. Usual occupation FIREMAN

11. Industry or business ST. LOUIS FIRE DEPT.

FATHER
12. Name JOSEPH. L. KLEIN.
13. Birthplace CAMDEN (City, town, or county) N.J. 1 (State or foreign country)

MOTHER
14. Maiden name MARY BUMB
15. Birthplace MILSTADT (City, town, or county) ILL 1 (State or foreign country)

16. (a) Informant ISABEL KLEIN
(b) Address 7023 MARQUETTE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 12, 42 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PRK

18. (a) Signature of funeral director Jos. P. Fendler
(b) Address 7128 Michigan

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1942 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Dec 19, 1942 to Jan 9, 1942
that I last saw him alive on Jan 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor Mediastinum (Lymphosarcoma?) — Duration Not known

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Post mortem
Tumor Mediastinum — Type not reported

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 Robert S Warner (M. D. or other) M D
Address Jan 10 1942 Date signed
Paul Brown Bldg St Louis

(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. Arnold W. Schoene

Licensed Embalmer No. 3864

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, fact should be so stated above.