

FILED MAR 17 1942 **791**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**6232 Itaska 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)

3. (a) PRINT FULL NAME **Albert S. Klein**

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

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

6. (b) Name of husband or wife **Emilie Klein** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 5th 1854**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>87</b>	<b>8</b>	<b>28</b>	hr. min.

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

10. Usual occupation **Cooperage merchant**

11. Industry or business **retired 25 Yrs.**

12. Name **Unknown Klein**

13. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Emilie Klein**

(b) Address **6232 Itaska Ave.**

17. (a) **Burial** (b) Date thereof **2-4-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Kriegshauser Mortuary**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **FEB 2 1942** (b) **J. F. Bredeek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6232 Itaska Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **2** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **2nd**  
year **1942** hour **4:25** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **Jan. 15**  
\_\_\_\_\_, 1942 to **Jan. 31**, 1942  
that I last saw him alive on **Jan. 31**, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Sequel**  
**arterio-sclerosis - several**  
**years standing.**  
Due to **age**  
Due to **97**

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **None. R. V. N. N. N.**

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 **6**

23. Signature **Wm. R. Nye** (M. D. or other) **6**  
Address **2931 Scripps av** Date signed **7/2/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. William Nye

2981 Bureauville Rd 27574

1954

**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 Rudolph K. Lehmann

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, fact should be so stated above.**