

FILED DEC 10 1942

Registration District No. 789

Primary Registration District No. 111

Registrar's No. 2497

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Loehn  
(If outside city or town limits, write "RURAL")

(d) Street No. Clayton & Porter Roads  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country /

3. (a) PRINT FULL NAME George A. Klein

3. (b) If veteran, name was World War # 1

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 Matilda Klein

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 17, 1892  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>8</u>	<u>11</u>	hr. min.

9. Birthplace St. Louis County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation General Merchant

11. Industry or business Own store

12. Name Ambrose Klein

13. Birthplace St. Louis County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Christine Hoehne

15. Birthplace St. Louis County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Matilda Klein

(b) Address Chesterfield, Mo. R#1

17. (a) Burial (b) Date thereof 11/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmlawn Cem., Clayton

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballyn, Mo.

19. (a) NOV 30 1942 (b) E. McQuinn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28, year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-22, 1942, to 11-27, 1942, that I last saw him alive on 11-27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial asthma

Due to 93h

Due to Chronic Myocarditis

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 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? Ballas Rds.

While at work? \_\_\_\_\_ (Specify type of place)

(c) Manner of injury \_\_\_\_\_

23. Signature Royal C. McLean M.D. (M. D. or other)

Address Rickwood Mo. Date signed 11-28-42

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

96  
500

DEC 11 1942

JUN 3 1943

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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: Geo. Schrader  
Licensed Embalmer No. 3066  
P. O. Address Dallwin, 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.