V. S. No. 2
50M—5-42
ev. 5-17-39
P I X32273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4418

FILED FEB 18 1943

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1303

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: City Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DEACESED: 0010

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3204 Chippewa St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arthur Klein

3. (b) If veteran, name war no

3. (c) Social Security No. 487-18-3563

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 4, 1895 (Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Brewery Worker

11. Industry or business

FATHER 12. Name William B. Klein

13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER 14. Maiden name Carrie Poth

15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Carrie Klein

(b) Address 3204 Chippewa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10/43 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Brothers

(b) Address 2201 S. Grand Bl.

19. (a) FEB 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1943 hour 7 minute 50 P.M.

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

Immediate cause of death Lobar Pneumonia, Hemothorax, Fracture left Femur, when he fell from a roof while cleaning out the gutters on a rear porch

Due to at 3838 S. Broadway, about 1:35 o'clock P.M., Jany. 23, 1943.

Due to ACCIDENT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) ACCIDENT 000

(b) Date of occurrence 1-23-43.

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.