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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8476

FILED APR 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2858

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: City Hospital #1 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 DECEASED:

(a) State Missouri (b) County 000 12

(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4112a Margaretta Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lorene F. Klein

3. (b) If veteran, name war

(c) Social Security No. 496-12-1315

4. Sex Female

5. Color or race W

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 (Month) 20th. (Day) 1911 (Year)

8. AGE: Years 31 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER 12. Name Alois J. Klein

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

MOTHER 14. Maiden name Lottie Spies

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

16. (a) Informant Lottie Klein

(b) Address 4112a Margaretta Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAR 25 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd. year 1943 hour 7.20 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw him alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema Congestion following overdose of Barbital Self administered at her Home — Duration

Due to 3-19-43 about 11 Pm White suffering Temporary

Due to Mental Aberration

Other conditions (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) Suicide

(b) Date of occurrence 3-19-43

(c) Where did injury occur? St Louis (City or town) Mo (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 Thomas F Collins (M. D. or other)

Address Deputy Coroner Date signed 3-25-43

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.