

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1802 Alfred 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1802 Alfred Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAUL H. KLEIN

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

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 _____

7. Birth date of deceased April 28th 1938
(Month) (Day) (Year)

8. AGE: Years 5 Months 0 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Norman Klein

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

14. Maiden name Fuby Sprandlin

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

16. (a) Informant Norman Klein

(b) Address 1802 Alfred Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter + Paul

18. (a) Signature of funeral director Greg Hansen Mortuaries

(b) Address #228 So. Kingshighway

19. (a) APR 29 1943 (Date received local registrar) J. P. Forehand (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1943 hour 5 minute 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 Bilateral Lobar Pneumonia.

Due to primary
Due to 108
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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) _____ (Means of injury)

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 4/29/43

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

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MOTHER FATHER

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 *Richard W. Howard*.....

Licensed Embalmer No. *4007*.....

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.