

S. No. 2
 DM-542
 5-17-39
 1 x12878

16297

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 19 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4120

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ? (Specify whether
 In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 17
 (c) City or town St. Louis 98
(If outside city or town limits, write "RURAL")
 (d) Street No. 705 Rivermont Drive
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Otto B. Klein
 3. (b) If veteran, name war No 3. (c) Social Security No. 490-01-0378

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 10th,
 year 1943 hour 12:35 minute A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Louise Klein
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased March 12, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 4 + 5
 1942 to May 10 + 12, 1943;
 that I last saw him alive on May 9 + 11, 1943;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>28</u>	_____ hr. _____ min.

Immediate cause of death
Coronary Thrombosis
Cardiac Decompensation
 Due Cardiac Degeneration
 Due to _____

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

Other conditions AP
(Include pregnancy within 3 months of death)

10. Usual occupation President

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business Atlas Iron Works
 12. Name Benjamin Klein
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Clara Stehle
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Klein
 (b) Address 705 Rivermont Drive.

17. (a) Burial (b) Date thereof May 12, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home
 (b) Address 4828 Natural Bridge Blvd.

23. Signature Clarence G. ... (M. D. or other)
 Address 1927 S. ... Date signed 5-10-43

19. (a) MAY 12 1943 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1927
Oliver

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.....

John A. Melnar....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Melnar*.....
Licensed Embalmer No. *4186*.....
P. O. Address *St. Louis*.....

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.