. S. No. 2
00M—2-43
5-17-39
1 X35697

92
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29195

Registration District No. 310 | Primary Registration District No. 6051 | Registrar's No. 144

1. PLACE OF DEATH:
(a) County ST. CHARLES
(b) City or town ST. CHARLES Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 YRS. 9 MOS. 18 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4920 WISE AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME MRS. REGINA KLEIN

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife DO NOT KNOW
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER (Month) (Day) 1857 (Year)

8. AGE: Years 86 | Months 10 | Days | If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) GERMANY 4 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name DO NOT KNOW
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name DO NOT KNOW
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Theophil Stoerker
(b) Address ST. CHARLES, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation VAHALLA CEM
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 SO KINGHIGHWAY
19. (a) August 17-1943 (Date received local registrar) (b) Ernest E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15th year 1943 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from Aug 1st 1943 to Aug 15th 1943 that I last saw her alive on Aug 13th 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broken compensation	15
Due to Chronic Myocarditis	
Due to General Arteriosclerosis	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

93d

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature A. P. Erich Schaefer (M. D. or other)
Address St. Charles Mo. Date signed 8/16/43

1340

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin D. McDerm

Licensed Embalmer No. 3024

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.