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M-2-43  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

33258  
State File No. 9481  
Registrar's No.

Registration District No. 818

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 Days  
In this community 10 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Otto Kleine

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased January 13, 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name Frederick Kleine

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schaumer

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

16. (a) Informant Ann P. Morris

(b) Address St. Louis City Hospital

17. (a) Autonomous Burial (b) Date thereof 10-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director J. F. Braddock

(b) Address 3520 Kansas

19. (a) OCT 28 1943 (b) J. F. Braddock  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 100 a South Fourth St.  
(If rural, give location) 926  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6,  
year 1943 hour 4:40 minute P. M.

21. I hereby certify that I attended the deceased from September  
10, 1943 to October 6, 1943  
that I last saw him alive on October 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Coronary Arteriosclerosis

Due to Asst

Other conditions Hypertrophy of heart  
(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) (e) Means of injury

23. Signature L. T. Ford (M. D. or other) M.D.  
Address 1515 Lafayette Avenue Date signed 10/7/43

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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**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.....

Licensed Embalmer No.....

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.**