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7-39  
X36671

FILED FEB 4 1948 18

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

986

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: Prosser Good City Hosp #10  
(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. 3112 Blair Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME

Baby Klein

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2nd  
year 1944 hour 7 minute 00 A.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.....  
Prematurely  
congenital debility  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

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

8. AGE: Years Months Days If less than one day  
4 hr 35 min.

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

10. Usual occupation: Infant

11. Industry or business.....

MOTHER FATHER

12. Name: John Klein  
13. Birthplace: St. Louis MO  
(City, town, or county) (State or foreign country)  
14. Maiden name: Theresa Klein  
15. Birthplace: St. Louis MO  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. M. E. Wallenberg

(b) Address: 2710 1/2 No 2 St. St. Louis  
17. Funeral Home Date thereof: 1-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....  
Washington

18. (a) Signature of funeral director: W. Reilly

(b) Address: St. Louis

19. (a) JAN 31 1944 (Date received local registrar)  
J. F. Brestak (Registrar's signature)

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)  
(c) Means of injury.....

23. Signature: W. J. Perry (M. D. or other)  
Address: Deputy Coroner Date signed: 1/6/44

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

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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:**