

FILED JUL 15 1944

Registration District No. 318

Primary Registration District No.

Registrar's No. 6048

1. PLACE OF DEATH:

(a) County St. Louis, Mo  
 (b) City or town St. Louis, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jewish Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 3 weeks 0 (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Kate Klein

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Isaac Klein 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased Dec. 14 1873  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 6 21 hr. min.

9. Birthplace St. Louis Mo, 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
 12. Name Joseph Levy  
 13. Birthplace Austria 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Kashbaum  
 15. Birthplace Austria 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Abe Klein  
 (b) Address 7147 Delmar Blvd.  
 17. (a) Burial (b) Date thereof 7-7-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation B'nai Amoona Cem.

18. (a) Signature of funeral director Hermon Rindorf  
 (b) Address 5216 Delmar Blvd.  
 19. (a) JUL 6 1944 J. F. Bredack  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 963  
 (c) City or town University City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7147 Delmar Blvd.  
 (If rural, give location) NR. 5  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th  
 year 1944 hour 3 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from April 3, 1944, to July 5, 1944  
 that I last saw her alive on July 5, 1944  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

Bronchopneumonia 3 day  
 Due to carcinoma of pancreas  
 Due to with metastases to liver 3-4 months  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations H. G. G.  
 Of autopsy \_\_\_\_\_  
 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?  
 23. Signature Harold Schey (M. D. or other) \_\_\_\_\_  
607 N. Grand Date signed 7/16/44

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

**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..... *H. P. Burgess* .....

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

**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.