S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7910

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2872

1. PLACE OF DEATH:

(a) County

(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: INROUTE TO CITY HOSP 3
(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: 000

(a) State Mo (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6215 Alabama Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jacob Klein

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thereas

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept (Month) 10 (Day) 1872 (Year)

8. AGE: Years 72 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Meat Packer

11. Industry or business American Packing Co

FATHER
12. Name Jacob Klein
13. Birthplace Manchester (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Julian Brenterstadt
15. Birthplace Manchester (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Theresa Klein
(b) Address 6215 Alabama Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter Paul

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) MAR 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27 year 1945 hour 1.45 PM minute M.

21. I hereby certify that I attended the deceased from Sept. 7, 1944, to March 27, 1945 that I last saw him alive on March 22, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	5 Year
Due to Chronic Endocarditis	10 yrs
Due to Coronary Embolism	Sudden
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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

23. Signature Adam G. Youngman (M. D. or other) MD 3/28/45

Address 5439 Gravois Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr Adam Youngman

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. Mc Dermott

Licensed Embalmer No. 3124

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.