V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39380

FILED JAN 11 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11454

JAN 3 1946

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4236a Iowa Ave.
(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 Missouri (b) County 000 17

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

(d) Street No. 4236a Iowa Ave. 15
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William G. Klein

3. (b) If veteran, name war

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 Lillie Klein

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

7. Birth date of deceased February 12, 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	10	12	hr. min.

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

10. Usual occupation Show Worker

11. Industry or business

FATHER
12. Name William B. Klein
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Carrie Poth
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lillie Klein
(b) Address 4236 Iowa Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Weick Brothers
(b) Address 2201 S Grand

19. (a) DEC 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1945 hour 10 minute 0 P.M.

21. I hereby certify that I attended the deceased from 9/18/43 12/15, 1945, to 12/24, 1945 that I last saw him alive on 12/24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis acute

Due to Coronary disease 3 yrs.

Due to Myocarditis Chr.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Thomas C Bridgeman (M. D. or other)

Address 4660 Maryland Date signed 12/27/45

(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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.