

FILED FEB 7 1946
Registration District No. 318

Primary Registration District No. 100

1. PLACE OF DEATH

(a) County St. Louis Mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3225 MONTGOMERY
(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

3. (a) PRINT FULL NAME

Nicholas Klein

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

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

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE Year 75 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation Teacher

11. Industry or business Public School

MOTHER FATHER

12. Name Klein

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

14. Maiden name Klein

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

16. (a) Informant Colleran
(b) Address 1300 Park

17. (a) Anatomical Board (b) Date thereof 4: 9: 46
(Burial, cremation, or removal) _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. ...
(b) Address 3150 Kildrop

19. (a) JAN 20 1946 (b) J. F. Bredech
(Date received for registration) _____ (Registrar's signature)

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. 3225 MONTGOMERY
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 24 Year 1946 hour _____ minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

CORONARY SCLEROSIS

Due to ARTERIO SCLEROSIS

Due to _____

Other conditions _____ (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 Alfred ... (M. D. or other) _____
Date signed 1/7/46

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

100857
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.....

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.