FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29207

FILED SEP 8 1947

Registration District No. 1818 — Primary Registration District No. 1003 — Registrar's No. 2297

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: City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs. (Specify whether years, months or days) In this community 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT D. KLEIN
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced sgl
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 13 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
54	0	16	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Shoeworker
11. Industry or business
FATHER 12. Name Phillip Klein
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Barbara Deibel
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director Kraeger-Voss, Inc.
(b) Address 3402 N. Kingshighway
19. (a) AUG 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 29 year 1947 hour 9.30 minute P M.
21. I hereby certify that I attended the deceased from Apr. 1 1941, to Aug. 29, 1947; that I last saw him alive on Aug. 29 1947; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Chronic Myocarditis
Due to Myocardial degeneration 10 yrs.x.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 L. L. Waller (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 8/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.