No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2724 925

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

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 Hospital
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3645 Dodier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sophia Lewitz Kleine
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ~~Jan.~~ Nov. 6, 1863 (Month) (Day) (Year)
8. AGE: Years 84 Months 2 Days 23 If less than one day hr. min
9. Birthplace St. Jenivieve (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Self
FATHER
12. Name Haltine Herman
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant LeRoy Lewitz
(b) Address 3645 Dodier
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director provost Und. Co.
(b) Address 3710 N. Grand Byvd.
19. (a) JAN 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1948 hour 12 minute 00 P. M.
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.

Duration

Immediate cause of death Fractured Left Femur
Intermediate Left to the floor at her home 3645 Dodier at on Jan. 27, 1948 at about 11:30 A.M.
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) Accident
(b) Date of occurrence Jan 27 1948
(c) Where did injury occur? St Louis Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Nature of injury Bruises
23. Signature Alfred Yeung (M. D. or other)
Address Deputy Coroner Date signed 1/30/48

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 Albert Mayfield

Licensed Embalmer No. 3077

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.