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7-39

Registration District No. **317**

Primary Registration District No. **3063**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day 2 hrs**
(Specify whether
In this community **7 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **BRENTWOOD**
(If outside city or town limits, write "RURAL")
(d) Street No. **8745 BRENTWOOD PL.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **KLEIM, JOSEPHINE**

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

4. Sex **F** / race **W**
5. Color or
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **WILLIAM E. KLEIM**
6. (c) Age of husband **78** years
7. Birth date of deceased **DEC. 23 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 | **1** | **1** | hr. min.

9. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business
12. Name **JOSEPH BAUMGARTNER**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **BAUMGARTNER**
15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **BERTHA E. MAUTEN**
(b) Address **8906 W. PINE, BRENTWOOD**

17. (a) **Burial** (b) Date thereof **1-31-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's Cem**
18. (a) Signature of funeral director **Rowland Motuary Service**
(b) Address **4104 Manchester**

19. (a) **1-30-48** (b) **Gene C. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **29**
year **1948** hour **7 pm** minute **25 P.M.**
21. I hereby certify that I attended the deceased from **1/28**
@ 5 PM, 1948, to **1/29**, 1948;
that I last saw him alive on **1/29**, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary occlusion** Duration **2 da.**

Due to **Arteriosclerosis**
Due to **940**
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **Coronary occlusion**
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?
While at work? (Specify type of place) (c) Means of injury
23. Signature **Mary R. Ritchey** (M. D. or other)
Address **601 BRENTWOOD BLVD** Date signed **1/30/48**

APR 6 1946

FEB 7 1948
P 5501 GM

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 Howard R Rawbuck
Licensed Embalmer No. 3114
P. O. Address Thomas Mo

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.