No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6594

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1372

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 St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEATHS:

(a) State Missouri (b) County 0-0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4457 Beck 9
(If rural, give location) 15 0

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

If yes, name country

3. (a) PRINT FULL NAME Mary Klein

3. (b) If veteran, name war ---

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph L.

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

7. Birth date of deceased Feb. (Month) 6 (Day) 1873 (Year)

8. AGE: Years 75 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Millstadt (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name Unknown Bumb 9

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

14. Maiden name Unknown Unknown 9

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

16. (a) Informant Arthur W. Klein

(b) Address 4006 Fairview Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Idelberle

(b) Address 3634 Gravois Ave.

19. (a) FEB 10 1948 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1948 hour 4 minute 15A. M.

21. I hereby certify that I attended the deceased from Jan 19 1948 to Feb 8 1948 that I last saw her alive on Feb 8 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertensive - cardio - vascular disease	
Due to Generalized atherosclerosis	
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 Henry T. Cooper (M. D. or other)

Address 44 Clyde St. Date signed 9 Feb 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.....

Licensed Embalmer No. 645

P. O. Address St Louis 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.