

FILED JUN 15 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1377

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Missouri Airport Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
In this community 12 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 626 Forest Court
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Gertrude Klyman

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 Hart A. Klyman

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

7. Birth date of deceased Unknown

8. AGE: Years About 78 Months Days If less than one day hr. min.

9. Birthplace Germany

10. Usual occupation At home

11. Industry or business

12. Name Morris Meyer

13. Birthplace Germany

14. Maiden name Alice Rosenberg

15. Birthplace Germany

16. (a) Informant Julius H. Klyman

(b) Address 626 Forest Court

17. (a) Cremation (b) Date thereof 5-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Herman Rindskopf, Inc.

(b) Address 5216 Delmar Blvd

19. (a) 5-3-48 (b) Carl A. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1948 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 17
1948 to May 28 1948
that I last saw her alive on May 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and arteriosclerotic heart disease
Duration 26 years

Due to 93a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to 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) (Country) (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 Carl A. Thompson (M.D. or other)
Address JEWISH SANATORIUM Date signed 5-28-48

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

MOTHER FATHER

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..... 3880

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.