

FILED NOV 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

9265

1. PLACE OF DEATH:

(a) County St. Louis  
(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. L. City Hospital #1. Max C. Starkloff Mem  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 hours  
life (Specify whether years, months or days)  
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County low  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 2421 South Eighteenth Street 9  
(If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th  
year 1948 hour 8:15 minute A. 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.

Immediate cause of death Carcinomatosis  
Due to Site not determined

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_ (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)  
(e) Means of injury 2  
23. Signature Patrick E. Taylor Dep Cor (M. V. or other)  
Address 1300 Clark Date signed 10-25-48

3. (a) PRINT FULL NAME AMELIA KLEIN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased December 11, 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation house-wife

11. Industry or business at home

12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Katherine Pettker

(b) Address 3100 Whittier Street

17. (a) Burial (b) Date thereof 10-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) \_\_\_\_\_ (b) J. B. Sauter  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

*Mark*

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**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..... *D. W. Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *2301 Lafayette*.....

**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.**