

FILED OCT 30 1948 818

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9105

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist 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 New York (b) County Niagara 994
(c) City or town San Born 3e
(If outside city or town limits, write "RURAL")
(d) Street No. Upper Mountain Road 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harold Klein

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

4. Sex Male Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Madeline Klein
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased August 3 1904
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 16
If less than one day hr. min.

9. Birthplace Garrett Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business Chemical Engineering

12. Name Matthew Klein

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

14. Maiden name Minnie Searfoss

15. Birthplace Syracuse New York
(City, town, or county) (State or foreign country)

16. (a) Informant Madeline Klein

(b) Address San Born, New York

17. (a) Removal (b) Date thereof 10-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Niagara, N.Y.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 20 1948 (b) J. B. Searfoss
(Date received local authorities) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1948 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept 15 1948 to Oct 19 1948
that I last saw him alive on Oct 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Duration

Due to
Due to

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) (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) (Means of injury)

23. Signature (M. D. or other) m d

Address 4952 Maryland Date signed 10/20/48

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

MOTHER, FATHER

9105

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.....

Elton H. Penick

Licensed Embalmer No. 4283

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.