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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38326**
10448
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4641a Pope Ave**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Walter J. Klein**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **493-05-8645**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced/**Married**
6. (b) Name of husband or wife **Hilda C.** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **May 15 1899**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **29** year **1948** hour **6** minute **35** a.m.
21. I hereby certify that I attended the deceased from **Aug. 25**, 19**48**, to **Nov 29**, 19**48**; that I last saw him alive on **Nov 28**, 19**48**; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
49 **6** **14** hr. min.

Immediate cause of death **Acute coronary insufficiency** Duration **few minutes**
Due to.....
Due to..... **94**

9. Birthplace **St. Louis County Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Supt. Kilpatrick Ftry.**

Other conditions **Coronary Obstruction**
(Include pregnancy within 3 months of death)
PHYSICIAN

11. Industry or business.....
12. Name **Joseph Klein**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Amelia Feiner**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy **Infarct**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Hilda C. Klein**
(b) Address **4641a Pope Ave**
17. (a) **Burial** (b) Date thereof **12-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Johns Cemetery**
18. (a) Signature of funeral director **Math. Hermann & Son, Inc.**
(b) Address **2161 E. Fair Ave**
19. (a) **DEC 1 1948** (b) **J. B. Pasater**
(Date received local register) (Registrar's signature)

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?
R. N. Henderson 2514 Locust St.
(Specify type of place)
While at work? (e) Means of injury.....
23. Signature **J. A. Costantino** (M. D. or other)
Address **376 N. 1st St. St. Louis Mo** Date signed **12/1/48**

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

Walter G. Bunsley

Licensed Embalmer No. *4302*

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.