FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 24 1949

Registration District No. 17

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42820

Primary Registration District No. 6076

Registrar's No. 29

1. PLACE OF DEATH:
(a) County Pine Lawn Mo.
(b) City or town 2157 Edmund
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Lawn
(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 DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 2157 Edmund
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura E. Kleine
3. (b) If veteran, name war
3. (c) Social Security No. 494 24 2778

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur H. Kleine
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Aug. (Month) 12 (Day) 1897 (Year)

8. AGE: Years 51 Months 4 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at Home

MOTHER FATHER
12. Name Frank E. Lewis
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Emma Weber
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Arthur Kleine
(b) Address 2157 Edmund
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natl. Bridge Ave.
19. (a) 12-22-48 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 22 day
year 1948 hour 1:05 minute A M.

21. I hereby certify that I attended the deceased from 11-21-48, 19, to 12-22-48, 19; that I last saw her alive on 12-21-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma breast ? Metastases lung, liver, bone Duration Years Oct. 7, 194

Due to

Due to

Other conditions Cardiac failure. (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 [signature] (M. D. or other) L.C.
Address 8 CAL Hamilton Blvd St. Louis 12, Mo. Date signed 12-22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. 14366

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.