

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22027**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3062**, Registrar's No. **1430**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Florida b. COUNTY Sarasota	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bradenton	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 1422 10th. St., West	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8520 Joseph Ave.			

3. NAME OF DECEASED (Type or Print) Robert	a. (First)	b. (Middle)	c. (Last) Klein	4. DATE OF DEATH (Month) (Day) (Year) 6 15 '49
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-30-1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 15	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier retired	10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.	11. BIRTHPLACE (State or foreign country) St. Louis	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Phillip Klein	13b. MOTHER'S MAIDEN NAME Kate Pauley	14. NAME OF HUSBAND OR WIFE Leola Klein
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Leola Klein Bradenton Fla.	ADDRESS Fla.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7905	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thurmond L. Linger MD (Degree or title)	23b. ADDRESS St. Louis County Health Dept.	23c. DATE SIGNED 6/16/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 18 1949	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Kirkwood 22 Mo.
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DATE REC'D BY LOCAL REG. 6-16-49	REGISTRAR'S SIGNATURE Thurmond L. Linger MD	25. FUNERAL DIRECTOR'S SIGNATURE Mittelberg ADDRESS: MITTELBERG FUNERAL HOME, INC. WINDYBROOK GROVES, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 AMO

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.