

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14699**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3510**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE St. Louis, Mo. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis, Mo.		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Christian Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 2029	
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) M c. (Last) Klein		4. DATE OF DEATH (Month) (Day) (Year) April 16th, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 19th, 1880
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
13a. FATHER'S NAME Henry Kurth		14. NAME OF HUSBAND OR WIFE Henry K. Klein	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Dr. Harry P. Klein		ADDRESS 7256 S. Roland	
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, asthma, etc. -It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabetes Chronic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aspendicula acute Partial obstruction Small?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2nd X	
22. I hereby certify that I attended the deceased from April 14, 1950 to April 16, 1950 , that I last saw the deceased alive on April 15, 1950 and that death occurred at 3:30 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert S. Warner M.D.		23b. ADDRESS Paul Brown Bldg. St. Louis	
23c. DATE SIGNED April 26, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/18/50	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 17 1950		25. REGISTRAR'S SIGNATURE J. B. Pasater	
25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Voss, Inc.		ADDRESS 3402 N. Kingshway	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Elmo R. Sadwell

Licensed Embalmer No. *4077*

P. O. Address _____

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.