

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28366

State File No. _____

318

1003

7129

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>2515 Clifton Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) _____		c. (Last) <u>Klein</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-20-1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>6-11-1880</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.S.A.</u>		13a. FATHER'S NAME <u>John Helfelstein</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-05-0792 D</u>		17. INFORMANT'S SIGNATURE OR NAME <u>August J. Klein</u> ADDRESS <u>6025 Mardel Ave</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF THE LUNG</u> 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. _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 MONTHS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21f. HOW DID INJURY OCCUR? <u>163X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>15 JUNE, 1950</u> , to <u>20 AUG, 1950</u> , that I last saw the deceased alive on <u>20 AUG., 1950</u> , and that death occurred at <u>3:40 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert A. May Jr. M.D.</u> (Degree or title) <u>U</u>		23b. ADDRESS <u>505 HUMBLOTT BLDG ST. LOUIS MO</u>		23c. DATE SIGNED <u>8/21/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial U</u>		24b. DATE <u>8-23-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7123 Gravois Ave. Mo</u>	
DATE REC'D BY LOCAL REG. <u>AUG 22 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Kuster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenheim Bros.</u> ADDRESS <u>6409 Gravois Ave</u>			

Dr. Robert Meyer Humboldt Bldg JE 4329 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 *Henry M. Brammer* _____

Licensed Embalmer No. *4200* _____

P. O. Address *St. Louis* _____

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.