No. 300
10.48

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

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38700
Registrar's No. 9231

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo
c. LENGTH OF STAY (In this place) 9,yrs,9mo,27
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2129
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 0
d. STREET ADDRESS (If rural, give location) City Infirmary

3. NAME OF DECEASED (Type or Print)
a. (First) Edward
b. (Middle) J
c. (Last) Klein

4. DATE OF DEATH (Month) 10 (Day) 27 (Year) 50

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0

8. DATE OF BIRTH Nov. 12, 1875

9. AGE (In years last birthday) 74 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Etienne Klein

13b. MOTHER'S MAIDEN NAME Augustine Senninger

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)

16. SOCIAL SECURITY NO. -

17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Hale, 1920 Belt Avenue ADDRESS

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive C.V. Disease — 4+ years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? HHDX

22. *I hereby certify that I attended the deceased from* 9-1-, 1950, *to* 10/27, 1950, *that I last saw the deceased alive on* 10/27, 1950, *and that death occurred at* 6:50PM., *from the causes and on the date stated above.*

23a. SIGNATURE George M. Tanaka (Degree or title) MD 0

23b. ADDRESS 5800 Arsenal St.

23c. DATE SIGNED 10-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial (1)

24b. DATE Oct. 31, 1950

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) St. Louis, (State) Missouri

DATE REC'D BY LOCAL REG. OCT 30 1950

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., ADDRESS 2161 E. Fair Ave.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Homer H. Fritz

Signed.....
Student Embalmer

Licensed Embalmer No. 3882

P. O. Address St. Louis, Mo

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

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