

MAR 29 1952

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2491**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SR. LOUIS 2239	
c. LENGTH OF STAY (in this place) 45 YRS		d. STREET ADDRESS (If rural, give location) 23 1832 S. BROADWAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION: MISSOURI BAPTIST HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) EVELYN b. (Middle) c. (Last) KLEIN			4. DATE OF DEATH (Month) (Day) (Year) MARCH 14, 1952		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AB. 1899	9. AGE (In years less birthdate) AB. 53	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	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) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) AUSTRIA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HYMAN ZWEIG	13b. MOTHER'S MAIDEN NAME FANNIE (UNK)	14. NAME OF HUSBAND OR WIFE HARRY KLEIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME MRS. SARAH DAY 1832S. Bdway	ADDRESS
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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 9 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic anemia -		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. cause unknown.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy following C. V. A.		2 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 292.4
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22. I hereby certify that I attended the deceased from July, 1951, to 1/14, 1952, that I last saw the deceased alive on 8/14, 1952, and that death occurred at 8:30 pm., from the causes and on the date stated above.

23a. SIGNATURE Alfred Goldman M.D.	(Degree or title)	23b. ADDRESS 6345th Grand Ave	23c. DATE SIGNED 3/18/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3/16/52	24c. NAME OF CEMETERY OR CREMATORY CHESED SHEL EMETH CEM	24d. LOCATION (City, town, or county) (State) UNIV. CITY, MO.
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DATE REC'D BY LOCAL REG. MAR 17 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE BERGER MEMORIAL	ADDRESS 4715 McPherson
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Alvin D. Rudberg

Signed.....

Student Embalmer

Licensed Embalmer No. *4389*

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.