

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29680

State File No. _____

7922

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
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 University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital		d. STREET ADDRESS (If rural, give location) 606 Canterbury Drive	

3. NAME OF DECEASED (Type or Print) EVELYN KLEIN			4. DATE OF DEATH (Month) (Day) (Year) Aug 20 52		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 19 1899		9. AGE (In years last birthday) 53		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 100 HRS. Hours _____ 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 (City and State or Foreign Country) Fountain Spring Canada				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Charles 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 Charles Klein ADDRESS 606 Canterbury U. CITY							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis								INTERVAL BETWEEN ONSET AND DEATH ??	
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19. 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 5810			
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22. I hereby certify that I attended the deceased from **2-21 1952** to **8-20 1952** that I last saw the deceased alive on **8-19 1952**, and that death occurred at **4:50 P.M.**, from the causes and on the date stated above.

23. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS 4500 Olive St. St. Louis Mo.				23c. DATE SIGNED 8-20-52			
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24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 21:52		24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County					
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DATE REC'D BY LOCAL REG. AUG 20 1952		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 5216-1 Delmar					
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(Licensed Embalmer's Statement on Reverse Side)

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

Can be used 1-3-52

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

John Ketter

Licensed Embalmer No. *3880*

P. O. Address *Lawrence*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

29680

State of.....
County of..... } ss.

State File No.
Local Registrar's No. 7922

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 19....., before me appears.....

....., who, upon..... oath, states that the original record of birth
for **Evelyn Klein** died **8-20-1952** death
~~born~~, 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. **8** should read **Jan. 14 1899**

Instead of..... **Unknown**

Item No. **9** should read..... **53**

Instead of..... **About 53**

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.....

(SEAL)

Affiant *Herman Rindskopf Dye*
Wm. Harry Schwartz Relationship.

5216 Delmar
Present Address.

Subscribed and sworn to before me this *11* day of *Sept.*, 19*52*

My Commission expires *3-4-53* *Ellen C. Padlock* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1952