

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30405

State File No.

No. 300
10-48

FILED AUG 30 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 200 Registrar's No. 2218

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)	
a. COUNTY <u>ST. LOUIS</u>	b. COUNTY <u>ST. LOUIS</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST. LOUIS</u>
b. CITY OR TOWN <u>AFFTON Mo</u>	c. LENGTH OF STAY (in this place) <u>11 YRS.</u>	c. CITY OR TOWN <u>AFFTON</u>	<u>4800</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6813 BONNIE AV</u>		d. STREET ADDRESS <u>6813 BONNIE O</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>-</u>	c. (Last) <u>KLEIN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>AUG. 21 1952</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 2 1878</u>	9. AGE (In years last birthday) <u>73</u>	10. F UNDER 1 YEAR Months _____ Days _____	11. F UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE MAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FREUND BAKERY</u>	11. BIRTHPLACE (State or foreign country) <u>HUNGARY</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOSEPH KLEIN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BORTSHELLER</u>	14. NAME OF HUSBAND OR WIFE <u>SUZANNE KLEIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SUZANNE KLEIN</u>	ADDRESS <u>6813 BONNIE</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ac. dil of heart</u>		<u>several hrs</u>
	PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4343H</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ca of Bronchus</u>		<u>several months</u>

19a. 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?
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22. I hereby certify that I attended the deceased from Nov. 1, 1951, to Aug 21, 1952, that I last saw the deceased alive on 8-21, 1952, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernie W. Creech, M.D.</u>	23b. ADDRESS <u>752 Luman Ferry Rd</u>	23c. DATE SIGNED <u>8/22/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG. 23 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-22-52</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Domb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>	ADDRESS <u>2906 Garrison</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

12. 13. 30 P.M.
for - long -
Loverly

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 Leo Budde
Licensed Embalmer No. 3949
P. O. Address St. Louis, Mo.

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.