

DUPLICATE 1 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8610

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 township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>St. Louis</u> 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		e. STREET ADDRESS (If rural, give location) <u>64732 - MAFFIT</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) c. (Last) <u>KLAYMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 14, 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>UNKNOWN</u>
9. AGE (In years last birthday) <u>48-50</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BREWERY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RUSSIA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE <u>LORETTA KLAYMAN</u>	
13a. FATHER'S NAME <u>HIRSCH-KLAYMAN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH-BADER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>SOB-KLAYMAN-7462-CORNELL-H-CITY</u>		ADDRESS <u>CORNELL-H-CITY</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nepalic coma or Tetanum tremens</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>alcoholism</u> DUE TO (c) <u>Cerebral liver</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Gastrointestinal bleeding</u>		19. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>5811</u>			
22. I hereby certify that I attended the deceased from <u>9-11-52</u> , 19 <u>52</u> , to <u>9-14-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-14-52</u> , 19 <u>52</u> , and that death occurred at <u>1:10A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert E. Stock M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>9-15-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>SEPT-15-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CHESTER-SHEL-EMETH</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 15 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Norman Rindoff</u>		ADDRESS <u>5316 Delmar</u>	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Robert B. Dubois*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, Va.*

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.