

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44309
11808

State File No.
Registrar's No.

FILED JAN 5 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			c. LENGTH OF STAY (In this place) 28 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				6. STREET ADDRESS (If rural, give location) 1398 Burd		2069				
3. NAME OF DECEASED a. (First) Harry			b. (Middle) _____		c. (Last) Kleiman		4. DATE OF DEATH (Month) (Day) (Year) December 14, 1953			
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Marr.		8. DATE OF BIRTH May 28, 1912		9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scrap dealer		10b. KIND OF BUSINESS OR INDUSTRY Metals		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Abe Kleiman			13b. MOTHER'S MAIDEN NAME Goldie Fisher			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) No		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. D. Goldberg 1398 Burd						
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) Status Asthmaticus							INTERVAL BETWEEN ONSET AND DEATH 8 hrs.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthma							30 yrs.		
	ONE TO (b) Cardiac Arrhythmia							Unknown		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Questionable renal insufficiency							Unknown		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. 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 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? 241X						
22. I hereby certify that I attended the deceased from 12/1 , 19 53 , to 12/14 , 19 53 , that I last saw the deceased alive on 12/14 , 19 53 , and that death occurred at 9:50a m. , from the causes and on the date stated above.										
23a. SIGNATURE <i>[Signature]</i>				(Degree or title) M. D.		23b. ADDRESS 600 South Kingshighway		23c. DATE SIGNED 12/14/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Em.		24b. DATE 12/16/53		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo				
DATE REC'D BY LOCAL REG. DEC 15 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson					

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.....
Signature of Student Embalmer

Signed *Luigi G. Quindus*.....

Licensed Embalmer No. *4339*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.