

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34915**
Registrar's No. **9159**

FILED OCT 24 1955

1003

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 9159
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. LENGTH OF STAY (In this place) 1 day	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 Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 3009 a Dakota St.		
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Louis c. (Last) Klein		4. DATE OF DEATH (Month) (Day) (Year) October 18, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14, 1888	9. AGE (In years last birthday) 67 If UNDER 1 YEAR: Months Days If UNDER 6 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid (Paint Sprayer)		10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZENRY OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME August Klein		13b. MOTHER'S MAIDEN NAME Pauline Drecher	14. NAME OF HUSBAND/OR WIFE Marie J.	
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. 488-05-9491A	17. INFORMANT'S SIGNATURE OR NAME Marie J. Klein	
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) Acute bronchial pneumonia ANTECEDENT CAUSES DUE TO (b) Diabetes mellitus DUE TO (c) Arteriosclerosis - (general) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obliterative fibrosis of pleural and pericardial cavities.		INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260x		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	
22. I hereby certify that I attended the deceased from 1/22/55 to 10/18/55 , that I last saw the deceased alive on 10/18/55 , 19 55 , and that death occurred at 11:15a m., from the causes and on the date stated above.				
23a. SIGNATURE W. W. Eades		(Degree or title) M.D.	23b. ADDRESS 7602 S. Dundy	23c. DATE SIGNED 10/19/55
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE Oct. 21, 1955	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (Specify) 8900 N. Broadway	
DATE REC'D BY LOCAL REG. OCT 20 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister	
			ADDRESS U. & L. Co. 7814 S. Broadway	

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 *Harry J. Schumaker*.....
Licensed Embalmer No. *2679*.....

P. O. Address *7814 S. Prairie*.....

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.