

Death, Welfare Public Service
 300 -56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

299647

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **7453**

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Luthern Hosp.			Length of stay in lb 4 Da		d. STREET ADDRESS (If outside, give location) 4226 S. 37th		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHRISTIAN Middle C. Last KLEIN				4. DATE OF DEATH Month 8 Day 8 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-28-1876		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 5 Days 9	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Brewer			10b. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (City and state or country) Cumberland Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Otto Klein				14. MOTHER'S MAIDEN NAME Mary Pope				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO (if unknown) (If yes, give with dates of service) NO		16. SOCIAL SECURITY NO. 490-03-1776		17. INFORMANT Address Christian C Klein jr 4226 So 37th				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Arteriosclerosis Coronary Artery Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Myocarditis DUE TO (c) Bronchial Asthma Broncho Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 4 days 5 yrs. 5 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1					
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Feb. 1950		20f. CITY, TOWN, OR LOCATION Aug. 8, 1957		COUNTY STATE 		
21. I attended the deceased from 12/45 AM to Aug 8/57 and last saw her/him alive on Aug 7/57 Death occurred at 12/45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE A. H. Bindbeutel, M.D.				22b. ADDRESS 5203 Chippewa St.		22c. DATE 8/8/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-10-1957	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Prk.		23d. LOCATION (City, town, or county) St. Louis Mo.		(State) 	
24. FUNERAL DIRECTOR ADDRESS WINGBERMUEHLE 3819 So Grand Blvd				25. DATE RECD. BY LOCAL REG. AUG 9 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		

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 *George J. Myberme*

Licensed Embalmer No. *46*

P. O. Address *Ham 18*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. 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.