

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45451**

FILED JAN 6 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **301**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>	c. LENGTH OF STAY (In this place) <b>3 days</b>	c. CITY OR TOWN <b>St. Charles</b>	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 <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>212 S. Kingshighway</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b> b. (Middle) <b>F.</b> c. (Last) <b>Klein</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28, 1957</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 22 1886</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR (Months) <b>11</b>	IF UNDER 24 HRS. (Days) <b>22</b>	IF UNDER 4 HRS. (Hours) _____	IF UNDER 15 MIN. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Machinist</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Charles Klein</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Mueller</b>		14. NAME OF HUSBAND OR WIFE <b>Meta Wallenbrock Klein</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>498-01-0290</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Meta Klein, St. Charles, Mo.</b>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cordis Recal. Disease</b>			?
		DUE TO (c) <b>Arteriosclerosis</b>			?
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes</b>			<b>10 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>442X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Dec 20, 1957**, to **Dec 28, 1957**, that I last saw the deceased alive on **Dec 28, 1957**, and that death occurred at **9 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Charles Reed</b>		23b. ADDRESS <b>St. Charles, Mo.</b>	23c. DATE SIGNED <b>Dec 30 1957</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 31, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 31-57</b>	REGISTRAR'S SIGNATURE <b>Marcella Wilson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur C. Bauer</b>	ADDRESS <b>St. Charles, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 9 1958

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. 532  
working under my personal supervision.

Student David C. Bane  
Signature of Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 314-V

P. O. Address St. Charles

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.