

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007442  
STATE FILE NUMBER  
1965

FILED FEB 28 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 1965

300  
-57

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, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6205 Arsenal Street</u>		Length of stay in lb <u>65 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>6448a Arsenal St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>J.</u> Last <u>KLEIN</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>17,</u> Year <u>1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 5, 1892</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>selling &amp; repairing</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Klein</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Schoepp</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Schmidt Klein</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>497-16-2351</u>	17. INFORMANT Address <u>Elsie Klein, 6448a Arsenal St. St. Louis, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> <u>arteriosclerotic heart disease</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>2 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <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.) <u>June, 1955</u>	20f. CITY, TOWN, OR LOCATION <u>12-20-57</u> COUNTY _____ STATE _____
21. I attended the deceased from: Death occurred at <u>9:15 A.</u>		to <u>present</u> and last saw him alive on <u>Dec 20, 1957</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Lee W. Hawkins MD</u> (Degree or title)		22b. ADDRESS <u>950 Francis Pl. Clayton</u>	22c. DATE SIGNED <u>2/18/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Feb. 20, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
24. FUNERAL DIRECTOR <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 19 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or conditions in Part I must be causally related.

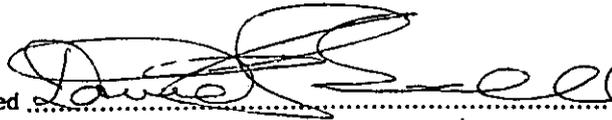
Dr. Lee W. Hawkins  
950 Francis Pl.,  
Clayton, Mo.

Tuesday 2-4

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  \_\_\_\_\_

Licensed Embalmer No. 4520  
P. O. Address St. Louis

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.