MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027012
STATE FILE NUMBER

XC-7567 802 Registration District No. 318 SL 26139 Primary Registration District No. 1003 Registrar's No. 6694

AMENDED

FILED JUL 26 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N.Grand,St.Louis,Mo.
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET. ADM. HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: St.Louis
c. CITY OR TOWN: Bellefontaine Neighbors
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9225 Waldorf Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE Middle J. Last KLEIN
4. DATE OF DEATH: Month JULY Day 17 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 8/19/97
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Florist Driver
11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: CONRAD KLEIN
13b. MOTHER'S MAIDEN NAME: EVA LENHARDT
14. NAME OF HUSBAND OR WIFE: - - - - - - - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Kammermeyer (Sister) Address: Same Add. as 2d

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PERIYHEROL VASCULAR COLLAPSE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) BACTERIMIA 053.4H
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
METASTASISS TO LIVER AND PANCREAS OBSTRUCTIVE EMPHSYMA
CARCINOMIA OF THE DUODENUM WITH INCOMPLETE OBSTRUCTION
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. VA attended the deceased from 7/14/61, to 7/17/61 and last saw him alive on 7/17/61
Death occurred at 2:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: David H. McKenna (Degree or title): M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 7/17/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-20-1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis, Missouri
24. FUNERAL DIRECTOR: Robert D.Kinealy ADDRESS: 2228 St.Louis Ave.
25. DATE REC'D. BY LOCAL REG.: JUL 18 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
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BY AFFIDAVIT OF DOCUMENT

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 Herbert J. Gen Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo

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.