

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042593

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11213

STATE FILE NUMBER

AMENDED

FILED DEC 12 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b 8 days	c. CITY OR TOWN St. Louis, Lemay
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis-Little Rock INSTITUTION Hospitals, Inc.,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 610 West Arlee St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Charles KARL Klein			4. DATE OF DEATH Month Day Year N ov. 29, 1961.			
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 Aug. 17, 1883	9. AGE (last birthday) 78 yrs.	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) Office Porter		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) AUSTRIA HUNGARY U-S-A		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME FRANK KLEIN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ANNA KLEIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address MATHIAS KLEIN 610 W. ARLEE			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary Emphysema		
DUE TO (b) Hypertrophy and dilatation of heart, fibrosis		
DUE TO (c) Nephrosclerosis 442x		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Possible congestion of liver, acute congestion of spleen		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from Nov. 21, 1961, to Nov. 29, 1961 and last saw her alive on Nov. 29, 1961
Death occurred at 4:30 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Anthony J. Weil</i> (Degree or title)	22b. ADDRESS 1755 South Grand Blvd.,	22c. DATE SIGNED 11-30-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC 2 1961	23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.
24. FUNERAL DIRECTOR Kutis Funeral Home 2906 Gravois Ave., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. DEC 2 1961	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

DATE AWIENVED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

James C. White

Licensed Embalmer No. 4347

P. O. Address 2506 Drava

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.