

318

1003

10343

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 28 1961

21-8-64
1-8-64
Unknown
Unknown
Albert Klein
Fredrica Epstein

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF informant

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		Length of stay in 1b 50 Yrs.	c. CITY OR TOWN -St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E/R to City Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3026 Geyer
3. NAME OF DECEASED (Type or print) First ALBINE Middle MIELKE Last			4. DATE OF DEATH Nov. 6, 1961
5. SEX Female	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 12/22/85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 75
13a. FATHER'S NAME Unknown Albert Klein		13b. MOTHER'S MAIDEN NAME Unknown Fredrica Epstein	14. NAME OF HUSBAND OR WIFE Hugo, (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Erna Harper, 3417 Brown Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerotic Heart Disease Generalized Atherosclerosis 4200			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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 7:08 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Simon		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 11/7/61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-9-61	23c. NAME OF CEMETERY OR CREMATORY St. Matthews	23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette (4)		25. DATE RECD. BY LOCAL REG. NOV 7 1961	26. REGISTRAR'S SIGNATURE Loard Smith, M.D.

JAN 13 1964

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

A. G. Jarvis

Licensed Embalmer No. 3384

P. O. Address A. Jarvis

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.