

**INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH**

38 013705

State No. _____

CERTIFICATE

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, health care before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Marion</u>	
3. CITY, TOWN, OR LOCATION <u>Indianapolis</u>		4. CITY, TOWN, OR LOCATION <u>Indianapolis</u>	
5. NAME OF HOSPITAL OR INSTITUTION <u>4475 Cannon Ave</u>		6. STREET ADDRESS <u>4475 Cannon Ave</u>	
7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
9. NAME OF DECEASED (Type or print) <u>Charles Herbert Klein</u>		10. DATE OF DEATH Month Day Year <u>3-28-58</u>	
11. SEX <u>Male</u>	12. COLOR OR RACE <u>White</u>	13. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	14. DATE OF BIRTH <u>10-7-1904</u>
15a. OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Base Ball</u>		15b. TYPE OF BUSINESS OR INDUSTRY <u>Base Ball</u>	
16. FATHER'S NAME <u>Frank Klein</u>		17. BIRTHPLACE (State or foreign country) <u>Buffalo, Ind.</u>	
18. WAS DECEASED EVER IN U. S. ARMED SERVICES (Yes, never; otherwise) (If yes, give one or dates of service) <u>No</u>		19. SOCIAL SECURITY NO. <u>179-01-1870</u>	
20. INFORMANT'S ADDRESS <u>4475 Cannon Ave - Indpls - Ind.</u>		21. INFORMANT'S NAME <u>Edward Klein</u>	
22. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Central Hemorrhage</u> DUE TO (b) <u>Supra-ventricular Fibrillation</u> DUE TO (c) <u>of Pericard</u>		23. INTERVAL BETWEEN ONSET AND DEATH <u>fatal</u> <u>since 1945</u>	
24. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
25. TIME OF INJURY Hour Month Day Year <u>3:18</u> <u>58</u>			
26. INJURY OCCURRED WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			
27. PLACE OF INJURY (e.g. in or about) CITY, TOWN, OR LOCATION COUNTY STATE <u>Indpls Ind Marion Ind</u>			
28. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER <u>E. P. Bross M.D.</u>		29. ADDRESS <u>2901 N. Decatur St</u>	
30. BURIAL OR CREMATION <u>Funeral</u>		31. DATE <u>11-1-58</u>	
32. NAME OF CEMETERY OR CREMATORY <u>Indpls Ind</u>		33. LOCATION <u>Indpls Ind</u>	
34. SIGNATURE OF HEALTH OFFICER <u>Mary J. ...</u>		35. SIGNATURE OF LOCAL HEALTH OFFICER <u>...</u>	

DECEASED'S NAME Charles Herbert Klein
 LICENSE NO. 11.3
 MEDICAL CERTIFICATION
 PUBLIC HEALTH DIRECTOR'S LICENSE NO. 5