11

MAY 23 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13901

File No. 481

Registered No.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph Hospital (No. St. Joseph Hospital St. Ward)

2. FULL NAME Otto Oscar Kleinbrodt

(a) Residence. No. 617 South 8th Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Kleinbrodt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 29, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	56	2	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soft Drink Dispencer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Louis Kleinbrodt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Emma Haegelin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

INFORMANT Lillian Kleinbrodt
(Address) 617 South 8th Street

15. FILED 1929, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1929

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1929, to April 7, 1928 that I last saw him alive on ....., 19...., and that death occurred, on the date stated above, at 10-22 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Delirium Tremens
Acute Alcoholism
Strangulated Hernia (left)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Cirrhosis of liver. Right indirect inguinal hernia

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF April 4-1929
Hernia operation under local anesthesia

WAS THERE AN AUTOPSY? Yes — abdominal

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms, autopsy and operation.

(Signed) Caryl Potter, M. D.

April 7, 1929 (Address) 731 Faraon St. Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	April 9 1929
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD