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

Do not use this space.

23173

1. PLACE OF DEATH

County..... Registration District No. 791 1003 File No.....

Township..... Primary Registration District No..... Registered No. 6645

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

2. FULL NAME Oscar A Klein

(a) Residence. No. Kleinville Mo St., 23 Ward. Kleinville Ind
(Usual place of abode) St Louis Co (If nonresident give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17 - 1898

7. AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	31	4	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ice & Coal Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Ambrose Klein

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

12. MAIDEN NAME OF MOTHER Christine Hochrod

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

14. INFORMANT Mrs. Josie Purdy
(Address) Kirkwood Mo

15. FILED JUN 21 1929 Wm C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries
(Fractured Skull)
due to falling to street
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Accident
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) J. W. Lemer, M.D.
June 21, 1929 (Address) Dep. Coro

*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
St Joseph Cemetery Manchester Mo	June 24 1929
20. UNDERTAKER	**ADDRESS**
Louis H Popp	Kirkwood Mo.

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.

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