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.

JUL 27 1935

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

Do not use this space.

20861

1. PLACE OF DEATH
County St. Francois — Registration District No. 779 — File No.
Township Randolph — Primary Registration District No. 6024 A — Registered No.
City Desloge (No. ..... St. ..... Ward)

2. FULL NAME Fritz Kleppsattel
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marietta Kleppsattel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1853

7. AGE: YEARS 81 — MONTHS 7 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Alferd Kleppsattel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredricktown DATE June 11, 1935

19. UNDERTAKER (ADDRESS) C. Z. Boyer Desloge Mo

20. FILED 7-9, 1935 W. P. Duckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1934 to June 9, 1935
I last saw him alive on June 8, 1935. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	unk

Other contributory causes of importance: Coronary artery sclerosis

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Harold O'Keefe, M. D.
(Address) Desloge Mo