

S. No. 2
M-2-43
v. 5-17-39
P-1 X35697

12259

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 420

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)

In this community 46 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route # 1, St. Joseph
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Herman Louis Kleinbrodt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Georgia A.

6. (c) Age of husband or wife if alive * years

7. Birth date of deceased February 5 1871
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>6</u>	<u>hr.</u>

9. Birthplace Baden Baden Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Operator

11. Industry or business Own Business

MOTHER FATHER

12. Name Louis F. Kleinbrodt

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma B. Keagline

15. Birthplace Unknown France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jacob Swails

(b) Address Rural Route # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Herman W. D. Denfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) April 15, 1946 (b) [Signature]
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1946 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from 3-31-46
to 4-11-46
that I last saw him alive on 4-11-46
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Renal Duration 2 days

Due to cardiovascular
Renal about 2 year

Other conditions cardio-vascular
Renal
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 12/16

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
0

While at work? _____
(Specify type of place) Means of injury

23. Signature Floyd J. [Signature]
Address St. Joseph, Mo. Date signed 4-12-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11168

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(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1946

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

St. Joseph Mo.

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 this body is not embalmed, fact should be so stated above.