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

Do not use this space.

13772

File No. 4122

Registered No.

791

1003

1. PLACE OF DEATH

County

Township

City St Louis (No. 5026, Northland St., Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Minnie Krewet

(a) Residence. No. 5026 Northland St., 7 Ward.
(Usual place of abode) (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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~
(OR) WIFE OF Charles A Krewet

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31, 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	10	28	

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

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

PARENTS

10. NAME OF FATHER George L Vogel

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

12. MAIDEN NAME OF MOTHER Anetta Becher

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

14. INFORMANT Charles Krewet
(Address) 5026 Northland Ave

15. FILED May 1, 1927 Max C Starkloff
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1927

17. I HEREBY CERTIFY, That I attended deceased from April 18 1927, to April 28 1927, that I last saw h. alive on April 28 1927, and that death occurred, on the date stated above, at 2 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
9 24
17 90 d
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Jno. C. Lebrecht M. D.
4-30-, 1927 (Address) 3116 S. Grand Ave.

*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
Calvary Cemetary	May 2, 1927
20. UNDERTAKER	**ADDRESS**
Drehmann-Harrall Undt. Co.	1905 Union Blvd.

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.