

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

Do not use this space.

20147

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **5920**

City **St. Louis** (No. **City of St. Louis**)

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1176** St., **25** Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **50** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 27 1927**

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

17. I HEREBY CERTIFY That I attended deceased from **May 27** 19**27** to **June 27** 19**27** that I last saw him alive on **June 27** 19**27**, and that death occurred on the date stated above, at **12:15 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 20 - 1853**

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ....hra. or ....min.  
**72 3 2**

**Ch. Pulm. Tuberculosis**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **rickety**  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

**25 1/2** (duration) ..... yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY)

**31** (duration) ..... yrs. .... mos. .... da.

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

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

10. NAME OF FATHER **Anton Kreuter**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **W. Schump**, M. D.

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

(Address) **City of St. Louis**

12. MAIDEN NAME OF MOTHER **Agathe Kreuter**

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

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

14. INFORMANT (Address) **City of St. Louis**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Ave**

DATE OF BURIAL **6/28 1927**

15. FILED **N 28 1327** **Man G. Starke** of **St. Louis** REGISTERED

20. UNDERTAKER **Southern**

ADDRESS **7315 S. Bde**

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.

Kracker