

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

Do not use this space.

35294

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **4362 McPherson**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. **10475**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** **Joseph B. Krawinkel**  
 (a) Residence No. \_\_\_\_\_ St. **19** 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** **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** **May Krawinkel**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Unknown 1857**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
<b>abt. 70</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

**9. BIRTHPLACE (CITY OR TOWN)** **St. Louis**  
 (STATE OR COUNTRY) \_\_\_\_\_

**10. NAME OF FATHER** **Balthazar Krawinkel**

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

**12. MAIDEN NAME OF MOTHER** **Unknown**

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

**14. INFORMANT** **Mrs. May Krawinkel**  
 (Address) **4362 McPherson**

**15. FILED** **Nov 23 1927** **Max G. Starkloff**  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Nov 22 1927**

**17. I HEREBY CERTIFY** That I attended deceased from **Oct 14**, 19**27**, to **Nov 22**, 19**27**, and that I last saw him alive on **Nov 21**, 19**27**, and that death occurred, on the date stated above, at **12:35 a.m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Ch. Glomerulo Nephritis**  
**131**  
**97/290**  
 (duration) **3** yrs. **3** mos. **3** ds.

**CONTRIBUTORY (SECONDARY)** **Atherosclerosis**  
 (duration) **6** yrs. **6** mos. **6** ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** **No** DATE OF \_\_\_\_\_  
**20. WAS THERE AN AUTOPSY?** **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Laboratory**  
 (Signed) **E. J. Bradley, M. D.**  
**127, 1927** (Address) **Illness Club Bldg**

\*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** **Calvary** **DATE OF BURIAL** **11-24 1927**

**20. UNDERTAKER** **Arthur J. Donnelly** **2039 West St**  
 ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

University Club Bldg