

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

Do not use this space.

2534

1. PLACE OF DEATH

County St Louis
Township
City St Louis, Mo. (No. 1003)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 80
St. Ward)

2. FULL NAME

(a) Residence No. John Krump
(Usual place of abode) 1103 St Ange Ave St. 22 Ward.
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-18-1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>80</u>		<u>10</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work pensioned employe of Frisco R.R.
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Daniel.

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

12. MAIDEN NAME OF MOTHER Kate Schussl

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

14. INFORMANT Nicholas Krump
(Address) 3926 Q. Broadway

15. FILED JAN 23 1928
maub Starkeroff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-3-1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Jan 3, 1928.
that I last saw him alive on Jan 3, 1928, and that death occurred, on the date stated above, at 2:53 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia.
9.2c
107A (duration) yrs. mos. 11 da.

CONTRIBUTORY chronic myocarditis.
(SECONDARY) ? (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
St Louis, Mo
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS. X-ray - physical findings
(Signed) James A. Forde, M. D.
(Address) 4960 Laclede

*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 St Bts. Paul Cemetery DATE OF BURIAL 1/5 1928

20. UNDERTAKER H. Schen 816 2842 Meramec
ADDRESS

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.

THIS IS A PERMANENT RECORD

