

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

Do not use this space.

2672

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1063**

Registered No. **238**

City **St. Louis, Mo.**

Ward **St. Louis Baptist Hosp.**

2. FULL NAME

Henry William Krehans

(a) Residence, No. **5209 Wells Ar.** St., 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. da. 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 **Leonor Krehans**
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18, 1850

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 - 18

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)

10. NAME OF FATHER **William Krehans**

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

12. MAIDEN NAME OF MOTHER **Hubmann**

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

14. INFORMANT **Leonor Krehans**
(Address) **5209 Wells Ar.**

15. FILED **1341 - 7 1028** **1928**
Mag. Starrscoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 5, 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Jan. 1, 1928**, to **Jan. 5, 1928**
that I last saw him alive on **Jan. 5, 1928**, and that death occurred, on the date stated above, at **3:40 p.m.**

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy cerebral hemorrhage
(duration) yrs. mos. da.

CONTRIBUTORY **arteriosclerosis**
(SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? **7401**
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **8** DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) **W. J. ... M.D.**
1/7, 1928 (Address) **2945 Franklin Ar.**

*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 **Delhalla Mausoleum** **DATE OF BURIAL** **1/7, 1928**

20. UNDERTAKER **Burgesch and Co. 3641 Washington Bldg**
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.

D. J. F. Thurston (2)