

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

Do not use this space.

3027

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1093
 City St. Louis Mo. (No. St. Anthony's Hospital)
 Registered No. 627 St. _____ Ward)

2. FULL NAME

(a) Residence. No. 2638 California Ave. 13 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 <u>Female</u>	4. COLOR OR RACE <u>White</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) May 23rd 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>7</u>	<u>24</u>		

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John Krieger

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

12. MAIDEN NAME OF MOTHER Kath Meckel

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

14. INFORMANT Joseph H. Schnyder
 (Address) 2638 California Ave

15. FILED Jan 17 1928 Mar 6 Starck
 REGISTRY

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1928
 that I last saw him alive on Jan 15, 1928 and that death occurred, on the date stated above at 7:15 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
131 Corona Arteriosclerosis

CONTRIBUTORY (SECONDARY) Chronic Hypertension
 (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED No 35th Oak St
 IF NOT AT PLACE OF DEATH

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

WHAT TEST CONFIRMED DIAGNOSIS? Mechanical
 (Signed) Abraham M. D.
1/16 1928 (Address) 2844 Oak St

*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 Trenton Ill DATE OF BURIAL Jan. 19 1928

20. UNDERTAKER J. Hehler & Co ADDRESS 2628 Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

