

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

Do not use this space.

3044

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. 5050^a Terry Ave) Registered No. 645
 St. _____ Ward _____

2. FULL NAME

Anna Krenser
 (a) Residence. No. 5050^a Terry Ave St. 11 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. da.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Krenser</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 7, 1858</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>11</u>
		DAYS
		<u>22</u>
		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Self</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
PARENTS	10. NAME OF FATHER <u>Michael</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	12. MAIDEN NAME OF MOTHER <u>Anna Gredeman</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>German</u>		

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred on the date stated above, at _____, 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Bruises
(Fracture of Skull)
Due to falling from porch

CONTRIBUTORY Accident
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

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

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Kerier M.D.
Deputy Coroner
 1/17, 1928 (Address) _____

*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.

14. INFORMANT August Krenser
 (Address) 5050^a Terry Ave

15. FILED V 18 1928 Mark Staroff
 18 19 _____ REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL S.S. Peter + Paul DATE OF BURIAL 1-19-1928

20. UNDERTAKER Goodhart + Goodhart ADDRESS 2228 St. Louis Ave

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.

