

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

Do not use this space.

7143

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *City of St. Louis*)

File No. ....  
Registered No. **2115**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. *254 S. B. Deny* St., *24* Ward.

Length of residence in city or town where death occurred *18* 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*male* | *white* | *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 14 1887*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*80* | *6* | *9*

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER *John Kruman*

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

12. MAIDEN NAME OF MOTHER *Heckmann*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Missouri*

14. INFORMANT (Address) *Dr. P. R. ...*

15. FILED *27 1928* 19 *May 6* *Stark* REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 13 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 21 1928* to *Jan 23 1928* that I last saw h. *in* on *Jan 23 1928*, and that death occurred, on the date stated above, at *10:30* a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Strangulated right sigmoid hernia*  
*obstr. Pneumonia* (duration) yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) *1180* (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED *122A*  
IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *W. Smith*, M. D.  
(Address) *City of St. Louis*

\*State the DISEASE CAUSING DEATH, of 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 DATE OF BURIAL  
*New St. Marcus* *2/27 1928*

20. UNDERTAKER ADDRESS  
*Wacker-Helderle* *2337 S. Baboy*

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.

RECORDING THIS IS A PERMANENT RECORD

Kenneth.