

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

Do not use this space.

18975

1. PLACE OF DEATH

County.....
Township.....
City..... (No. *Seasoness Hosp.*)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **5386**
St. Ward)

2. FULL NAME

Mrs. Krummanacher, Johanna Magdalena
(a) Residence, No. *5342 Janet av.* St. *11* Ward. *St. Louis Co. Mo.*
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred *57* yrs. *11* mos. *29* ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 15-1870*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>57</i>		<i>11</i>	<i>29</i>	

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

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

10. NAME OF FATHER *Andrianna Hausa*

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

12. MAIDEN NAME OF MOTHER *Reaman*

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

14. INFORMANT *Steward Krummanocher*
(Address) *5342 Janet*

15. MAY 17 1928 *May C. Starck*
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5-14-1928*

17. I HEREBY CERTIFY, That I attended deceased from *May 9*, 1928, to *May 14*, 1928 that I last saw *her* alive on *May 14*, 1928, and that death occurred, on the date stated above, at *10:30 A.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:
Carcinoma of stomach

4663
440 (duration) yrs. *4* mos. ds.

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

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

1. DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *May 12, 1928*
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Ralph Thompson*, M. D.
, 19 (Address) *4123 W. Belle*

*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. Peters Cemetery* DATE OF BURIAL *May 17 28*

20. UNDERTAKER *Neidmuller* ADDRESS *603 Gravis*

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.

