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

Do not use this space.

31598

1. PLACE OF DEATH

County: St. Louis — Registration District No. 1123

Township: Carondelet — Primary Registration District No. 6248 B

City: Koch (No. ..... St. ..... Ward)

File No. ..... Registered No. 299

2. FULL NAME: Kribs, Joseph

(a) Residence. No. 3608 S. Jefferson Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: xl yrs. 2 mos. 12 ds. 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): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 27, 1863

7. AGE: Years 65 — Months 0 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Nil

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

PARENTS

10. NAME OF FATHER: Charlie Kribs

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

12. MAIDEN NAME OF MOTHER: Lillie Boyer

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

14. INFORMANT: R. Koch Hospital Records
(Address) Koch Mo.

15. FILED: Sept 5 38 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from July 23rd, 1928, to Sept. 5 1928 that I last saw him alive on Sept. 5th 1928, and that death occurred, on the date stated above, at 2:45 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

About (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Unknown

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) R. R. Ehrlich, M. D.

9/5/28 (Address) Koch Hospital Koch Mo.

*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: Calvary — DATE OF BURIAL: 9/7 1928

20. UNDERTAKER: Southern Und. Co. — ADDRESS: 7315 S Bdy

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD NOV 1 1928