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

Do not use this space.

31891

1. PLACE OF DEATH

County ..... Registration District No. 791 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9151

City St. Louis (No. 1478 Goodfellow St., ... Ward)

2. FULL NAME Benjamin H. Krohn

(a) Residence. No. 6705 Glenwood St., 5 Ward. Chicago Ills
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jany 1, 1877

7. AGE: abt — YEARS: 51 — MONTHS: 8 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): Street car
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Riga Russia

PARENTS

10. NAME OF FATHER: Bernard Krohn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Anna Ziff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Russia

14. INFORMANT: Mrs H. Sievers NHB
(Address) 1478 Goodfellow

15. FILED SEP 13 1928, 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from the 7th Sept, 1928 to 13th Sept, 1928 that I last saw him alive on Sept 12, 1928, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Broncho-pneumonia
107A

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

CONTRIBUTORY (SECONDARY) Cerebral Apoplexy Hemorrhage (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) Edw. F. Sievers, M. D

Sept. 13, 1928 (Address) 3912 St. Louis Ave.

*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: Chicago Ills — DATE OF BURIAL: 9/14 1928

20. UNDERTAKER: H B Berger — ADDRESS: 719 Mc[illegible]

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.