

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

Do not use this space.

43378

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 1295)

City City Hospital

File No. 12689

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. no Home St. 23 Ward.

Length of residence in city or town where death occurred 50 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 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) June 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
abt. 75 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. No. 2000
(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) Germany

PARENTS

10. NAME OF FATHER W. Krumm

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Dr. J. P. ...

(Address) City Hospital

15. FILED 28 1928 W. C. Stahler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 3, 1928, that I last saw him alive on Dec 3, 1928, and that death occurred, on the date stated above, at 7:15 a.m.

108 THE CAUSE OF DEATH* WAS AS FOLLOWS:
11:00 Lobar Pneumonia (Left) (duration)yrs.mos.ds.

10/15 Contributory (SECONDARY) (duration)yrs.mos.ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? R. Berg M. D.

(Signed) 7/3 28 (Address) City Hospital

*State the DISEASE CAUSING DEATH, origin 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. Louis W. DATE OF BURIAL 12-12 1928

20. UNDERTAKER

Walter Richter ADDRESS 3500 Rutger St

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.

9
Göden

9