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

Do not use this space.

8589

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 70084

City St Louis (No. 5969, Southwest ave St. ..... Ward)

File No. ..... Registered No. 2259

2. FULL NAME Henrietta C. Krummel

(a) Residence. No. ..... St., 3 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 28 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	9	18	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work Housewife
(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 Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Amelia Krummel
(Address) 5969 Southwest ave

15. FEB 18 1929, 19..... Filed Leo C Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feby 16, 1929, that I last saw h. alive on Feb 11, 1929, and that death occurred, on the date stated above, at 8 20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
107A Coma
(duration) — yrs. — mos. 5 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Leo C Wilson, M. D
, 19 (Address) 5402 Gravois 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 New Bickers — DATE OF BURIAL Feby 19 1929

20. UNDERTAKER Clement Lind Leo S. Grand Blvd — ADDRESS 2217

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.