

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

Do not use this space.

19460

**1. PLACE OF DEATH**

County..... Registration District No. 797  
 Township..... Primary Registration District No. 707  
 City St. Louis (No. 4517) Adelaide Ave. St. 5050 (Ward)

**2. FULL NAME**

(a) Residence. No. 4517 Adelaide Ave. Ward 9  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Plumber  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

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

10. NAME OF FATHER William H. Krenning

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

12. MAIDEN NAME OF MOTHER Charlotte Weismeyer

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

14. INFORMANT Mrs. Fred Hages  
 (Address) 4517 Adelaide Ave.

15. FILED 1 10 1930 REGISTRAR Wm. C. ...

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1929 to May 3, 1929 that I last saw him alive on May 3, 1929, and that death occurred, on the date stated above, at 3:30 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

131  
Chronic Nephritis  
 (duration) yrs. mos. / ds.  
 CONTRIBUTORY chronic Nephritis  
 (SECONDARY) (duration) yrs. mos. / ds.

18. WHERE WAS DISEASE CONTRACTED 1219 W  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? no DATE OF  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Joseph Hill, M. D.  
 Address 3636 Webster

\*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 Valhalla Cem DATE OF BURIAL May 6, 1929

20. UNDERTAKER Math. Hermann & Son ADDRESS 618 Fair Ave

WRITE MAINLY, 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.

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