

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

Do not use this space.

38228

**1. PLACE OF DEATH**

County St. Louis Registration District No. 781  
Township Beaumont Primary Registration District No. 6027  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Estelle Kraenzle  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Female

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 3 1929 to Nov 24 1929 that I last saw h. at alive on Nov 18 1929 and that death occurred, on the date stated above, at 11 P. m.

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

Myocarditis  
95%  
16 1/2 (duration) yrs. 1 mos. 1 ds.  
CONTRIBUTORY (SECONDARY) Sciucity  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT IN PLACE OF DEATH: \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Signs Symptom  
(Signed) C. J. [unclear], M. D.  
Nov 24 1929 (Address) St. Louis, 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.

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

Anton Kraenzle

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov 17 - 1837

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
92	8	7	

**8. OCCUPATION OF DECEASED**

(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)**

Wurzburg Germany

**10. NAME OF FATHER**

Unknown

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

Germany

**12. MAIDEN NAME OF MOTHER**

Unknown

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

Germany

**14. INFORMANT (Address)**

Andreas Kraenzle  
St. Louis, Mo

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Ozora Mo

**DATE OF BURIAL**

Nov 26 1929

**15. FILED**

11/26 1929 John C. [unclear]  
REGISTRAR

**20. UNDERTAKER**

John Baer St. Louis, Mo

Exact statement of OCCUPATION is very important. Do not leave blank. Enter in plain terms, so that it may be properly classified.

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