

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

Do not use this space.

7257

**1. PLACE OF DEATH**

County ..... Registration District No. 73  
 Township ..... Primary Registration District No. 7  
 City St. Louis (No. 4412 North 20th Street) St. .... Ward)

File No. ....  
 Registered No. 2134

**2. FULL NAME**

(a) Residence. No. 4412 North 20th St. 9 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Walter H. Krest  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19, 1901  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
29 0 18

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home  
 (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 George Walfray  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.  
 12. MAIDEN NAME OF MOTHER Mary Filzbrecht  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Walter H. Krest  
 (Address) 4412 North 20th Street

15. FILED ..... 19 ..  
 REGISTRAR Max C. ...

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1930, to Feb 27 1930, that I last saw him alive on Feb 27 1930 and that death occurred, on the date stated above, at 6:40 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Brunschel Anthera  
Bronch  
 (duration) yrs. 6 mos. ds.  
 CONTRIBUTORY (SECONDARY) Brunschel Anthera  
Bronch (duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH .....  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS? .....  
 (Signed) E. ... M. D.  
Feb 28 1930 (Address) 14018 S. Grand

\*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 Bethel DATE OF BURIAL Mar 3 1930  
 20. UNDERTAKER Math. Hermann & Son ADDRESS 461 E. Fair Col.

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.

RECORD THIS IS A PERMANENT RECORD

