

MAY 28 1930

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

Do not use this space.

13934

1. PLACE OF DEATH

County St. Louis  
Township Carondelet  
City Koch (No. Koch Hosp.)

Registration District No. 1123  
Primary Registration District No. 8248 B

File No. \_\_\_\_\_  
Registered No. 103 St. \_\_\_\_\_ Ward)

2. FULL NAME

DeKruader Harry  
(a) Residence. No. 4000 Leakey St., Robert Ward, Koch Hospital  
(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 Male 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 Mary DeKruader

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-6-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 11 7 30

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry DeKruader

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

12. MAIDEN NAME OF MOTHER Minnie Rehrman

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

14. INFORMANT (Address) Koch Hospital Records

15. FILED 4/5-30 L. C. Ostrom, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-5-1930

17. I HEREBY CERTIFY, That I attended deceased from 7 29, 1929, to 4-5-1930, 1930 that I last saw him alive on 4-5-1930, and that death occurred, on the date stated above, at 12:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary The  
D/23A  
15 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Acute-Intestinal Th  
IB (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Unknown

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Ray's Specimen

(Signed) Reuben C. Stone, M. D.  
, 19 (Address) Koch, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Paradise Cem DATE OF BURIAL April 8, 1930

20. UNDERTAKER Beiderwiden ADDRESS 1936 St. Louis Ave.

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.

