

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

Do not use this space.

14517
3865

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 2
City St. Louis (No. 4018, North 9th)
St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. 4018 North 9th St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 20

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)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER Mrs. Kraft

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

12. MAIDEN NAME OF MOTHER Not known

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

14.

INFORMANT Phillip Kraft
(Address) 4018 North 9th St.

15.

FILED 18 19 Bedford C. Stanley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1930

17 I HEREBY CERTIFY, That I attended deceased from May 19th 28 April 16th 30 and that I last saw him alive on April 16th 1930 and that death occurred, on the date stated above, at 1:35 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
930
27 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. T. Steger M. D.

April 18th 1930 (Address) 809. Archangelica

*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

DATE OF BURIAL

Friedens

Apr. 19 1930

20. UNDERTAKER

ADDRESS

Math Hermann & Son 2161 E. Fair Cor.

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.

WRITE PLAINLY, WITH UNDOUBTING INK—THIS IS A PERMANENT RECORD

