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

Do not use this space.

File No. 17674

Registered No. 4764

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 100

City St. Louis (No. 3806 Juniata St. ..... St. ..... Ward)

2. FULL NAME Ernst Krohn, Krohn

(a) Residence. No. 3806 Juniata St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	8	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Professor
(b) General nature of industry, business, or establishment in which employed (or employer) of Music
(c) Name of employer

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

PARENTS

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 Mrs Emma Krohn
(Address) 3806 Juniata

15. FILED ....., 19.. ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12 1930

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1930 to May 14, 1930 that I last saw h. alive on May 13, 1930 and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis lethargica acute
34
17
..... (duration) ....yrs. 23 mos. ....ds.

CONTRIBUTORY (SECONDARY) Ines
..... (duration) 4 yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Wassermann
(Signed) Chas. H. Weinshenk, M. D.
V. 15 1930 (Address) 32, 32 Lafayette

*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
Missouri Crematory	5-15 1930
20. UNDERTAKER	ADDRESS 4228
Kriegshauser & Co.	S. Kingshighway

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.

Dr [illegible]
3239 [illegible]
3-4 P.M.