

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *701*
Primary Registration District No. *1003*
Alexander Bros. Hospital

File No. *20856*
Registered No. *5657*
St. Ward

2. FULL NAME

(a) Residence. No. *424 Plum*
(Usual place of abode)

St. *24* Ward

Edwardsville, Ill
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. *7* da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *S.*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 10-1912*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,
	<i>18</i>	<i>3</i>	<i>0</i>	hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Shoe Repairman*
(b) General nature of industry, business, or establishment in which employed (or employer) *Self.*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Ill.*

10. NAME OF FATHER *Wm. Kreuzer*

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

12. MAIDEN NAME OF MOTHER *Clarina Will*

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

14. INFORMANT *Charles Kreuzer*
(Address) *Edwardsville, Ill*

15. FILED *Jan 11, 1930* *Max C. Stankoff* REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 10 1930*

17. I HEREBY CERTIFY, That I attended deceased from *June 4*, 1930 to *June 10*, 1930 that I last saw him alive on *June 10*, 1930 and that death occurred, on the date stated above, at *3:30 P. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Vincent & Borsini
non-diphtheritic
115 A
36 (duration) yrs. *2* mos. ds.

CONTRIBUTORY (SECONDARY) *Septicemia - dummia*
(duration) yrs. *2* mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH *Edwardsville Ill.*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *chemical & pathological*
(Signed) *Chas. H. Steinberg* M. D.

St. Louis, 1930 (Address) 3232 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 *Edwardsville Ill* DATE OF BURIAL *6-17, 1930*

20. UNDERTAKER *Thacko & Weber* ADDRESS *Edwardsville Ill*

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.

