

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

Do not use this space.

23329

**1. PLACE OF DEATH**

County Jefferson  
Township State  
City Desoto

Registration District No. H 70  
Primary Registration District No. 5574

File No. \_\_\_\_\_  
Registered No. 88  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Jacob Frederick Krankel  
(a) Residence, No. Route 2 St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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 Lucy Krankel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	72	10	20	

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

9. BIRTHPLACE (CITY OR TOWN) Collinsville Ill  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Krankel

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

12. MAIDEN NAME OF MOTHER Elizabeth Wackel

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

14. INFORMANT Mrs. Lucy Krankel  
(Address) Desoto Mo.

15. FILED 7/16, 1930 D. Haeussly REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1930

17. I HEREBY CERTIFY, That I attended deceased July 23 1930  
that I last saw him alive on July 21 1930 and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial degeneration  
1.31  
92A  
97 (duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis and chronic nephritis (duration) not known yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 129 W

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Walter E. Gibson, M. D.

(Address) 71 1/2th Mo.

\*State the DISEASE CAUSE OF 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 Woodlawn Park DATE OF BURIAL July 26, 1930

20. UNDERTAKER Donnell B. Dietrich ADDRESS Desoto Mo.

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.

