

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

Do not use this space.

28495

1. PLACE OF DEATH

County..... Registration District No. 791 1003

Township..... Primary Registration District No.

City St. Louis (No. City Hospital) St. Ward)

File No.

Registered No. 8398

2. FULL NAME

(a) Residence. No. 1251 August St., 12 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 64 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work bl. leather

(b) General nature of industry, business, or establishment in which employed (or employer) Ritard

(c) Name of employer

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

10. NAME OF FATHER Geo. Krudwig

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) St. Louis Missouri

14. INFORMANT (Address) City Hospital

15. AUG 23 1930 FILED REG. Max C. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 30

17. I HEREBY CERTIFY, That I attended deceased from Aug 16 to Aug 21, 1930 that I last saw him alive on Aug 21, 1930, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocardia
General atony (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Alcohol (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? At home
IF NOT AT PLACE OF BIRTH: DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Thos. M. D. M. D.
St. Louis, 1930 (Address) City Hospital

*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 Calvary DATE OF BURIAL Aug 25 1930

20. UNDERTAKER Preparatory and Co ADDRESS 4740 5th Florissant

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

U.S. NO. 1

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