

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

Do not use this space.

29508

1. PLACE OF DEATH

County.....

Registration District No.....

701
1003

File No.....

Township.....

Primary Registration District No.....

Registered No. 8532

City *St. Louis Mo* (No. *St. Anthony Hospital*)

St. Ward)

2. FULL NAME

(a) Residence, No. *3673 Alberta* St. *16* Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

15. DATE OF DEATH (MONTH, DAY AND YEAR) *8-4-1931*

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

17. I HEREBY CERTIFY, That I attended deceased from *August 1*, 19*31*, at *Aug 4*, 19*31*, that I last saw *her* alive on *Aug 4*, 19*31*, and that death occurred, on the date stated above, at *4* m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Apr 25 1852*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 9

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Cholecystitis
12 7 B
Chronic Cholelithiasis (duration) yrs. mos. ds. *3*
CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED
12 6
IF NOT AT PLACE OF DEATH *3673 Alberta*
DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....
WAS THERE AN AUTOPSY? *no*
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) *A. W. Peters* M. D.

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) *Mo.*

PARENTS
10. NAME OF FATHER *George Krumpf*
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*

Aug 5 1931 (Address) *601 Musconi Bldg*
*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.

14. INFORMANT *Franka Bauer*
(Address) *Matteson Mo*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Matteson Mo* DATE OF BURIAL *Aug 8 1931*

15. FILED *816-6 131* *Max E. Parker* REGISTRAR

20. UNDERTAKER *Hendler and Co* ADDRESS *4819 Michigan*

Dr. Wilson