

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.

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

Do not use this space.

14388
File No. _____
Registered No. **3725**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **3411a California Ave**)

2. FULL NAME

Erwin Kring
(a) Residence, No. **3411a California Ave** St. **24** Ward. _____
(Usual place of abode) _____ (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

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 Lydia Kring				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23rd, 1886				
7. AGE	YEARS 45	MONTHS 7	DAYS 23	IF LESS THAN 1 day, _____ hr. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist 161			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			

12. BIRTHPLACE (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY) **1**

13. NAME **Eugene Kring**

14. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY) **2**

15. MAIDEN NAME **Amelia Brown**

16. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY)

17. INFORMANT **Lydia Kring Lydia Kring**
(ADDRESS) **3411a California Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Sunset Burial** DATE **4/18/34**

19. UNDERTAKER **Ziegenhain Bros**
(ADDRESS) **2nd St. St. Louis**

20. FILED **APR 17 1934**
W. C. Parker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 15th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Apr. 15, 1934** to **Apr. 15, 1934**
I last saw him alive on **4/15**, 19**34**. Death is said to have occurred on the date stated above, at **2:50 P.M.**
The principal cause of death and related causes of importance were as follows:
Pneumonia right Lobar
108
92R 108
Endocarditis chon.
Date of onset **7dy**

Other contributory causes of importance: _____

Name of operation **none** Date of _____
What test confirmed diagnosis? **Physical exam.** Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____

(Signed) **Lewis Stutton**, M. D.
(Address) **3400 Calif. Av.**

