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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14586

Township ..... Primary Registration District No. ..... Registered No. 3974

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

1067

2. FULL NAME Charles Krein

(a) Residence, No. 2208 St Louis St. Ward 20
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 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 Louise Krein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1867

7. AGE YEARS 64 MONTHS 9 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 57

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Illinois

FATHER

13. NAME Jacob Krein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Anna Frank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Hospital Information Nurse Roper City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE April 25 1932

19. UNDERTAKER (ADDRESS) Hy Leidner Und Co 1417 N. Market St.

20. FILED APR 23 1932 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18th, 1932, to April 21st, 1932

I last saw him alive on April 21st 1932 Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (st) — Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? no

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? .....

If so, specify .....

(Signed) J J Reichman, M. D.

(Address) City Hosp.