

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

Do not use this space.

24652

**1. PLACE OF DEATH**

County..... Registration District No. 182  
Township..... Primary Registration District No. 1003  
City St. Louis (No. City Hospital)

File No.....  
Registered No. 6792  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2918 Franklin Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Kreckel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22-1862</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>11</u>
	DAYS <u>28</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wagon Maker</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 15 yrs.</u>	
	10. Date deceased last worked at this occupation (month and year).....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany?

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) W. Spratt Keff.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter's 11 Paul Ave DATE July 23 1932

19. UNDERTAKER (ADDRESS) J. N. Becker & Co. 1162 1/2 Madison St.

20. FILED 19 July 23 1932 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1932

22. I HEREBY CERTIFY, that I attended deceased from July 12th 1932 to July 20 1932  
I last saw him alive on July 20 1932 Death is said to have occurred on the date stated above at 5.40 P. M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Arterio Sclerosis  
93C  
97  
162 : 930  
Other contributory causes of importance:  
Senile Dementia

Date of onset  
7-12-32 +  
7-12-32 +

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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 Arthur A. Hines M. D.  
(Signed) City Hospital  
(Address)

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.

*Handwritten text at the top right corner, possibly a signature or date.*