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

Do not use this space.

30990

File No. 8713

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1002~~

Township ..... Primary Registration District No. .....

City St. Louis. (No. 2226 Montana Street. St. ..... Ward)

2. FULL NAME Amelia E. Krosch.

(a) Residence, No. 2226 Montana Street. St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1880.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	10	24.	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) St. Louis, Mo. 1

FATHER

13. NAME Martin Scherstuhl.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

MOTHER

15. MAIDEN NAME Minnie Meschwert.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo. 1

17. INFORMANT (ADDRESS) H. B. Krosch 2226 Montana St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk DATE Sept. 30, 1932

19. UNDERTAKER (ADDRESS) J. N. Gibbons L & U Co. 2842 Meramec St.

20. FILED SEP 20 1932, 19 Max C. Starkel Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1929, to 9-27, 1932

I last saw her alive on 9-27, 1932. Death is said to have occurred on the date stated above, at 5 15 P. m.

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

	Date of onset
Septic pneumonia Lobar	9-5-1932
1095 1068 108	
Other contributory causes of importance:	
chronic Bronchiectasis	1929

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical & Lab. 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? No.

If so, specify .....

(Signed) P. Brickbauer M. D.

(Address) 3147 S. Jefferson Av.

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.

V. S. No. 2