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.

31052

File No. 8778

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, (No. 3213 Neosho Street. St. Ward)

2. FULL NAME Joseph A. Krekemeyer.

(a) Residence, No. 3213 Neosho 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)
Male	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1909.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	23	5	11.	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

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 Bernard Krekemeyer.

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

MOTHER

15. MAIDEN NAME Theresa Blunck.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois. 2

17. INFORMANT Bernard Krekemeyer
(ADDRESS) 3213 Neosho Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul. DATE Oct. 3, 1932.

19. UNDERTAKER J. N. Gebken L & D Co.
(ADDRESS) 2842 Meramec St.

20. FILED OCT 1 1932 Mark C. Starklof
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1932, to Sept 29, 1932
I last saw him alive on Sept 28, 1932. Death is said to have occurred on the date stated above, at 6:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococus Sore Throat	
Non Diphtheritic	
115A	115A

Other contributory causes of importance:
Peritonsilar Abscess from infection cause unknown

Name of operation (1) Date of
What test confirmed diagnosis? 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?
If so, specify

(Signed) Walter Meyer, M. D.
(Address) 4661 Virginia Ave