

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

Do not use this space.

34197

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 2004, St. Market) St. Ward

File No.
Registered No. 9555
St. Ward

2. FULL NAME

(a) Residence, No. 2004 St. Market St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emilie Krumrei</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18 1868</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>5</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Primary Metal worker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Enameling Shop</u>		
10. Date deceased last worked at this occupation (month and year) <u>1920</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sermany</u>		
13. NAME <u>Herman Krumrei</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sermany</u>		
15. MAIDEN NAME <u>Emilitta Krumrey</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sermany</u>		
17. INFORMANT <u>Emilie Krumrei</u> (ADDRESS) <u>2004 St. Market</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Wethelheim</u> DATE <u>Oct. 28 1932</u>		
19. UNDERTAKER <u>Beiderwiden Funeral Home</u> (ADDRESS) <u>2036 Howard St.</u>		
20. FILED <u>11 28 1932</u> <u>C. J. SANDER</u> Registrar		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1932, to Oct 25, 1932
I last saw him alive on Oct 24, 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Acute Paren Nephros
with La Grippe & Chronic
myocarditis
930
Other contributory causes of importance:
Asthma due to
Pneumococci
(non tubercular)

Name of operation 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

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? yes
If so, specify

(Signed) C. J. SANDER M. D.

(Address) 2306 Howard St.

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.

