

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

Do not use this space.

34784

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township Washington Primary Registration District (No.) 100 Registered No. 1049
 City St. Joseph (No.) _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 302 1/2 North 8th St. 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

MEDICAL CERTIFICATE OF DEATH

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 Hannah Krumrei

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237

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

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) Unknown Germany 10

13. NAME Herman Krumrei

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

15. MAIDEN NAME Carlotta Unknown

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

17. INFORMANT (ADDRESS) J. S. Krumrei 1120 Douglas St

18. BURIAL, CREMATION, OR REMOVAL PLACE Unknown DATE Nov. 24, 1932

19. UNDERTAKER (ADDRESS) E. G. Sidenfaden 602 So. 10th St.

20. FILED 11-23-32 19 John R. Bender Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1931, to Nov 1st, 1932.
 I last saw him alive on Nov 1st, 1932. Death is said to have occurred on the date stated above, at 2 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis Acute
93A 93B
 Other contributory causes of importance: none

Date of post-mortem unknown

Name of operation none Date of _____
 (What test confirmed diagnosis? Obit Was there an autopsy? no)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 1932

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) J. S. Krumrei, M. D.
 (Address) 2624 Douglas Ave

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.

100