

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

Do not use this space.

3657

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
 Townshp \_\_\_\_\_ Primary Registration District No. 6000  
 City St. Louis No. General Motors Factory, Met. Bridge & Union Ave. File No. \_\_\_\_\_ Registered No. 611

**2. FULL NAME**

(a) Residence, No. 8949 Cornelia Street Ward. 8  
 (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 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 Mary Kraft (Beiley)  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6, 1888  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
44 11 8

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Maintenance Foreman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Motors  
 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.

13. NAME Philip Kraft

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

15. MAIDEN NAME Mary Kunzling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mrs. Mary Kraft

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Jan. 17, 1933

19. UNDERTAKER (ADDRESS) Math. Hermann & Son

20. FILED JAN 18 1933 Registrar. Max Starbuck

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 11:45 a.m.

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

Chronic Myocarditis Date of onset \_\_\_\_\_  
Sclerosis of Coronary Arteries

Other contributory causes of importance: 930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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) J. W. Bennett M. D.

(Address) 116/33 Dep. Cor.

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.

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