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.

JUL 21 1933

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

Do not use this space.

1. PLACE OF DEATH

96 County St Louis — Registration District No. 789 — File No. 20974

Township Central — Primary Registration District No. 6033-B — Registered No. 168

City Pine Lawn Mo (No. 3420, Oakdale Ave St. ..... Ward)

2. FULL NAME Lena Kraft

(a) Residence, No. 3420 Oakdale Ave 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 19, 1871

7. AGE: YEARS 62 — MONTHS 4 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
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 Missouri

FATHER

13. NAME: Christian Bechtler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

MOTHER

15. MAIDEN NAME: Catherine Struck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

17. INFORMANT (ADDRESS): Mr. D. A. Fitzroy 3420 Oak Dale Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cemetery DATE June 5 1933

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED 6-4- 1933 Rolla Bracy, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932, to June 3, 1933

I last saw her alive on June 3, 1933 Death is said to have occurred on the date stated above, at 4 P. m.

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

Carcinoma of Liver Primary

46

Date of onset

Other contributory causes of importance:

Malnutrition

Name of operation: No. Date of .....

What test confirmed diagnosis? Clinical 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) C. H. Heideman, M. D.

(Address) 4176 Shreve Ave

Dr. Carl H. Lindemann
4126 Shreve Ave.

Evergreen 7140