

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

Do not use this space.

24300

1. PLACE OF DEATH
 96 County: St. Louis Registration District No. 788
 12 Township: Webster Groves Primary Registration District No. 4471
 8 (No. 544) Summit St. _____ Ward _____
 2. FULL NAME: Adelia Kraft
 (a) Residence, No. 544 Summit St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 71
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Kraft</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31 1846</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>7</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	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) <u>Grenoville</u>	
MOTHER	13. NAME <u>Peter Wankel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Dr. A. W. Westrup</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grenoville, Mo.</u> DATE <u>July 30 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Parker and Co</u> <u>Webster Groves</u>		
20. FILED <u>7-29 1933</u> <u>Dr. A. W. Westrup</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1933

22. I HEREBY CERTIFY That I attended deceased from July 26 1933 to July 26 1933
 I last saw her alive on July 26 1933 Death is said to have occurred on the date stated above, at 1:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arteriosclerosis
Toxemia
 Other contributory causes of importance _____
 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 _____, 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) H. Victor Reese M. D.
 (Address) 17 E. Jackson Webster Groves

Defect onset
July 26
1933

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.

AUG 20 1933

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