

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

Do not use this space.

28387

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township *St. Louis, Mo.* (No.)

Primary Registration District No. **1003**

City *St. Louis, Mo.* (No.) *Sanitarium*

File No.

Registered No. **7201**

St. Ward)

2. FULL NAME *William Kralemann*

(a) Residence, No. *1309 St. Louis Ave. 26* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *45* yrs. - *29* mos. 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) *Separated*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *1*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 23, 1888*

7. AGE YEARS *45* MONTHS *-* DAYS *29* If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Moving Picture Co*

10. Date deceased last worked at this occupation (month and year) *March 1933* 11. Total time (years) spent in this occupation *unknown*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Missouri*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *C. Schmissing* (ADDRESS) *5400 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Graves* DATE *Aug 23, 1933*

19. UNDERTAKER *Hy. Leidner and Co* (ADDRESS) *1417 1/2 Market St*

20. FILED *Aug 28 1933* *J. F. Brudeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 20, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 16*, 19*31*, to *Aug 20*, 19*33*

I last saw h. i. m. alive on *Aug 20*, 19*33* Death is said to have occurred on the date stated above, at *3:50 pm*.

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

General Paralysis of Insane (Syphilitic)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) *C. Schmissing* M. D.

(Address) *5400 Arsenal*

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.

