

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

Do not use this space.

3170

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City..... (No. 202 1/2 W. Stein St.) St. Ward

File No.....
Registered No. 828
St. Ward

2. FULL NAME

(a) Residence, No. 202 1/2 W. Stein St., 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Krumpf.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 25

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.

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

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

13. NAME Machais Luzen

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John Krumpf (ADDRESS) 202 1/2 W. Stein St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New S. Petrus Bank Co. DATE Jan 24, 1934

19. UNDERTAKER Jo. P. Fendley, Jr. (ADDRESS) 7128 Michigan St.

20. FILED J. B. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1934 to Jan 22 1934

I last saw her alive on Jan 21 1934 Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Chronic Interstitial nephritis Date of onset do not know

Other contributory causes of importance

Name of operation none Date of operation none
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) Oliver J. McNamee, M. D.

(Address) 7608 Michigan

WHITE PAPER, 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.

27 1934

