MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14262

Township ..... Primary Registration District No. 1003 Registered No. 3418

City St. Louis (No. DePaul Hospital St. ..... Ward)

2. FULL NAME Joseph Frank Kraft, Jr.

(a) Residence, No. 5424 Gilmore Ave. St., 7 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: 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: Marie Kraft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 8th, 1894

7. AGE: 40 YEARS, 2 MONTHS, 25 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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.

FATHER

13. NAME: Joseph Kraft,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Anna Fetzer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Marie Kraft 5424 Gilmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial P. DATE April 6th 1934

19. UNDERTAKER (ADDRESS): Drehmann Hanal 1905 Union Blvd.

20. FILED APR 5 1934 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1934, to April 3, 1934

I last saw him alive on April 3, 1934. Death is said to have occurred on the date stated above, at 10:10 P.m.

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

	Date of onset
Meningitis, strepto coccus	3/
Mastoiditis, strepto coccus	3/34
Otitis media, strepto coccus	

89a

Other contributory causes of importance: Hemmine Broncho Pneumonia 4/3/34

Name of operation: Radical Opening Mastoid Cells Date of 3/27/34

What test confirmed diagnosis? Laboratory 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) W. G. Koenning, M. D.
(Address) 4548 Harris Av

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.

4548 Harris
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