

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.

JUN 26 1934

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

Do not use this space.
21718

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Rebelle Primary Registration District No. 4471
City Rebelle (No. 625, Beacon)

File No. 55
Registered No. 788
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 625 Beacon St., _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28-1887</u>		
7. AGE YEARS: <u>46</u> MONTHS: <u>9</u> DAYS: <u>4</u> If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>113</u>		
10. Date deceased last worked at this occupation (month and year) <u>1904</u>		
11. Total time (years) spent in this occupation <u>71</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agnew Pa
Pa

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Benjamin H. Knox
2003 So. 39th St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elizabeth DATE June 1, 1934

19. UNDERTAKER (ADDRESS) Julius B. York
2934 Russell Ave

20. FILED 63 1934 Julius B. York
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1934

22. I HEREBY CERTIFY That I attended deceased from Oct. 1934 to June 1, 1934
I last saw h. i. m. alive on June 1st, 1934 Death is said to have occurred on the date stated above, at 2:59 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinomatosis
Primary carcinoma of stomach
46
Other contributory causes of importance:
Pneumonia
4-6 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? Cyan. 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? Yes
If so, specify _____

(Signed) Fred Kramer, M. D.
(Address) 634 N. Grand

Dr. Fred Kramer
Five Lakes (B.M.)