

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis County
Township Central
City (No. St. Vincent's Sanitarium)

Registration District No. 987
Primary Registration District No. 6033

File No. 26310
Registered No. 203
St. _____ Ward)

2. FULL NAME Rev. Aloysius Krabler

(a) Residence, No. St. Vincent Sanitarium 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 19 1848</u>		
7. AGE	YEARS	MONTHS
86	0	4
		DAYS
		21
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	11. Total time (years) spent in this occupation 63
	10. Date deceased last worked at this occupation, (month and year) <u>Jan 4 1934</u>

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

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) Rev. A. Krabler, St. Vincent Sanitarium

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 12 1934

19. UNDERTAKER (ADDRESS) Cullen & K. Pl. 1414 N. Taylor

20. FILED 7-11-34 St. Bachner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1934

22. I HEREBY CERTIFY, that I attended deceased from July 1 1934 to July 10 1934

I last saw him alive on July 9 1934 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:
Pneumonia
Lobar
108
126
95

Other contributory causes of importance:
Arteriosclerosis
Cardiac
1930

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? No
If so, specify _____
(Signed) D. J. [Signature], M. D.
(Address) St. Louis, Mo.

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 17 1934

10
13
10

1954

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, regarding
 the land owned by the United States in the State of California
 and the amount of land owned by the United States in the State
 of California in 1954.

State	Land owned by the United States in 1954
Alabama	1,000,000
Alaska	1,000,000
Arizona	1,000,000
Arkansas	1,000,000
California	1,000,000
Colorado	1,000,000
Connecticut	1,000,000
Delaware	1,000,000
District of Columbia	1,000,000
Florida	1,000,000
Georgia	1,000,000
Idaho	1,000,000
Illinois	1,000,000
Indiana	1,000,000
Iowa	1,000,000
Kansas	1,000,000
Kentucky	1,000,000
Louisiana	1,000,000
Maine	1,000,000
Maryland	1,000,000
Massachusetts	1,000,000
Michigan	1,000,000
Minnesota	1,000,000
Mississippi	1,000,000
Missouri	1,000,000
Montana	1,000,000
Nebraska	1,000,000
Nevada	1,000,000
New Hampshire	1,000,000
New Jersey	1,000,000
New Mexico	1,000,000
New York	1,000,000
North Carolina	1,000,000
North Dakota	1,000,000
Ohio	1,000,000
Oklahoma	1,000,000
Oregon	1,000,000
Pennsylvania	1,000,000
Rhode Island	1,000,000
South Carolina	1,000,000
South Dakota	1,000,000
Tennessee	1,000,000
Texas	1,000,000
Utah	1,000,000
Vermont	1,000,000
Virginia	1,000,000
Washington	1,000,000
West Virginia	1,000,000
Wisconsin	1,000,000
Wyoming	1,000,000