

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.

OCT 27 1934

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

Do not use this space.

37240

1. PLACE OF DEATH

County *St. Louis*  
Township *Central*  
City *St. Louis*

Registration District No. *1777*  
Primary Registration District No. *6033*  
(No. *5128 John Place*)

File No. \_\_\_\_\_  
Registered No. *300*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Frederick J. Krickmeyer*  
(a) Residence, No. *5128 John Place* 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 *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 *Alie Krickmeyer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Alie 19 1898*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
*35 10 2*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Missouri Railroad*

10. Date deceased last worked at this occupation (month and year) *11/1/34* 11. Total time (years) spent in this occupation *17 yrs.*

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

13. NAME *F. J. W. Krickmeyer*

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

15. MAIDEN NAME *Irish Cleveland*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Prescott Ark.*

17. INFORMANT (ADDRESS) *Mr. F. J. Krickmeyer 5128 John Place*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis* DATE *Oct 24 1934*

19. UNDERTAKER (ADDRESS) *Wagoner Mtd. Co. 3071 Olive St.*

20. FILED *10-24 1934* *Al Baechner Registrar.*

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 21 1934*

22. I HEREBY CERTIFY, That I attended deceased from *April 12 1934* to *Oct 21 1934*

I last saw him alive on *Oct 21 1934* Death is said to have occurred on the date stated above, at *9:00 a.m.*

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

*92 Hemiplegia*  
*870*  
*970*  
Other contributory causes of importance:  
*Chronic Endocarditis*

Name of operation *no* Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* 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. A. Thomson*, M. D.  
(Address) *3121 N. Grand*

Mr. H. P. Thompson  
3121 7th Avenue  
New York, N. Y.

Between 10-12-1945

1 2 - 4 P.M.

MAY 25 1945