

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.

FEB 11 1936

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**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3918**) **Lexington Ave** St. Ward)

3279

File No.
Registered No. **508**
St. Ward)

2. FULL NAME

(a) Residence, No. **3918 Lexington Ave.** St. **10** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 9, 1852</i>		
7. AGE	YEARS <i>83</i>	MONTHS <i>10</i>
	DAYS <i>3</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At Home</i>	
	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) (STATE OR COUNTRY) <i>Germany</i>		
FATHER	13. NAME <i>Henry Buz Krus</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Mary Bacus</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Emily Drake</i> (ADDRESS) <i>3918 Lexington Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Johns</i> DATE <i>Jan. 15, 1936</i>		
19. UNDERTAKER <i>Math. Hermann & Son</i> (ADDRESS) <i>401 East Fair Ave</i>		
20. FILED <i>14</i> 1936 19 <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 12, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 8th*, 1936, to *Jan 12th*, 1936. I last saw her alive on *Jan 12th*, 1936. Death is said to have occurred on the date stated above, at *12:45 P.M.*
The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia
Bronchial

Other contributory causes of importance:
Senile Debility

Name of operation *none* Date of
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 *Goldburn H. Wilson, M. D.*
(Signed) *Goldburn H. Wilson*
(Address) *4362 Wame ave*

Date of onset
1-10-36

107a

