

APR 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. **1321**)**Marion**File No. **13140**Registered No. **3214**

St. Ward)

2. FULL NAME

(a) Residence, No. **1321** **Marion** St., **26** Ward.

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ernst Krehmeyer**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 25, 1860**7. AGE YEARS **75** MONTHS **3** DAYS **28** If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **housework**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**13. NAME **Hy. Dreckschmidt**14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)17. INFORMANT **Ed. Krehmeyer** (ADDRESS) **1321 Marion**18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pickers** DATE **Mar. 25, 1936**19. UNDERTAKER **Benderweden Funeral Home Inc** (ADDRESS) **1936 St. Louis, Mo.**20. FILED **MAR 25 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 23, 1936**22. I HEREBY CERTIFY, That I attended deceased from **Mar 7, 1936**, to **Mar 23, 1936**I last saw her alive on **Mar 23, 1936**. Death is saidto have occurred on the date stated above, at **A. I. S. A. m.**

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

Cerebral Hemorrhage Date of onset **3/7/36**

Other contributory causes of importance:

Senility

Name of operation..... 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?..... 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) **Allen H. Roe, M.D.**(Address) **2712 N. 14th St**

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.

Mr. P. J. ...

Jan 1st 1874 - 6th 7th 1874.

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