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.

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

APR 25 1936

Do not use this space. 0

13564

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No.
Township ~~Central~~ — Primary Registration District No. 4470 — Registered No. 40
City University City (No. 7346 Westmoreland drive, St. Ward)

2. FULL NAME Anna Krenning,
(a) Residence, No. 7346 Westmoreland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank H. W. Krenning,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854-7-23

7. AGE — YEARS: 81 — MONTHS: 7 — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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) Germany,

FATHER
13. NAME Henry Horstkotte,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

MOTHER
15. MAIDEN NAME Wilhelmena Poggenpohl,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

17. INFORMANT (ADDRESS) Mrs. Edward E. Haverstick, 7346 Westmoreland drive.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 3/25/36 19

19. UNDERTAKER (ADDRESS) Robert J. Ambruster Mortuary, Clayton Road at Concordia Lane

20. FILED Mar. 27, 1936 Lena V. Moeller, D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Jany 19~~29~~, 1929, to March 23rd, 1936
I last saw her alive on March 22nd, 1936 Death is said to have occurred on the date stated above, at 3:15 A.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis,

Date of onset: Do not know

Other contributory causes of importance:

Name of operation none 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) Phelps Hanford, M. D.
(Address) Wall Bldg. St Louis, Mo