

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

Do not use this space.

MAY 7 1936

791

17046

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis Children's Hospital

File No.....

Registered No.....

St. Ward

2. FULL NAME Jan Krigbaum

(a) Residence, No. 4710 Ashland St. 6 Ward.

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White Amer 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-4-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

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

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

FATHER 13. NAME Woodrow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo.

MOTHER 15. MAIDEN NAME Lois Tredway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Dakota

17. INFORMANT C. Schroeder
(ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry, Mo DATE April 7, 1936

19. UNDERTAKER Edw. H. Kestner & Son
(ADDRESS) 4212 St. Louis Ave

20. FILED APR 7 1936 J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1936, to 4-6, 1936

I last saw him/her alive on 4-6, 1936 Death is said to have occurred on the date stated above, at 6 p.m.

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

Birth Injury Date of onset

Other contributory causes of importance: None

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?.....

If so, specify

(Signed) Arkveloff, M. D.

(Address) 600 S. Kingshighway

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.

