

JUN 6 1936

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

Do not use this space.

791
1003

21173

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis No. 4540 A, Athlone Ave St. Ward)

File No. 5382
Registered No. 5382

2. FULL NAME

(a) Residence, No. 4540 a Athlone St., 9 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Augusta Kraft.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 1880</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>7</u>	DAYS <u>24</u>
		IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Paper hanger</u>
	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) St. Louis Mo.

MOTHER FATHER 13. NAME Carl Kraft

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

MOTHER 15. MAIDEN NAME Justine Schlowass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Augusta Kraft
(ADDRESS) 4540 a Athlone

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethelhem DATE May 22 1936

19. UNDERTAKER Reiderwieder Funeral Home
(ADDRESS) 1936 St. Louis Ave

20. FILED MAY 21 1936
Registrar. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13 1936, to May 19 1936

I last saw him alive on May 19 1936 Death is said to have occurred on the date stated above, at 4:28 P.M.

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

Coronary thrombosis
Arteriosclerosis
Arterio Sclerosis
Date of onset 5/13/36

Other contributory causes of importance: Arterio Sclerosis 5/13/36

Name of operation myocardial Date of 5/13/36
What test confirmed diagnosis? myocardial Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury....., 19.....

Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) W. T. Hirsch, M. D.
(Address) 3500 N Grand

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.

