JUL 27 1936

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

Do not use this space.

25129

1. PLACE OF DEATH
County St Louis
Township Jefferson
City St. Louis County (No. St.Mary's Hosp. St. Ward)

Registration District No. 1170
Primary Registration District No. 62484

File No.
Registered No. 168

2. FULL NAME Bernice Krokus

(a) Residence, No. St., Ward. Minneapolis, Minn.
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 1909

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 25 | 9 | 17 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
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) Minneapolis, Minn.

FATHER
13. NAME Lawrence Krokus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Pauline Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Sophie Krokus Minneapolis, Minn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Minneapolis, Minn DATE 6- 18 1936

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc 429 N. Euclid Ave

20. FILED June 13, 1936 Gertrude Porter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6- 12 - , 1936.

22. I HEREBY CERTIFY, That I attended deceased from 10-5- , 1935, to 6-12- , 1936
I last saw her alive on 6-12- , 1936. Death is said to have occurred on the date stated above, at 8:50 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 6-9-36 |
| Other contributory causes of importance: Fracture of Larynx | 9-1-35 |

210M

Name of operation Laryngostomy Date of 6-8-36
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) W. E. Sauer, M. D.
(Address) 3720 Washington Boul.

1402 Woodland

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

Do not use this space.

1. PLACE OF DEATH
County: St Louis
Township: Jefferson
City: Richmond Ht (No. ..... St. ..... Ward)

Registration District No. 1170
Primary Registration District No. 6248 H

File No. .....
Registered No. 168

2. FULL NAME: Bernice Krauss

(a) Residence, No. ..... St., ..... 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| F | W | S |

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

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 25 | 9 | 17 | |

OCCUPATION
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 .....

12. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

17. INFORMANT ..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..

19. UNDERTAKER ..... (ADDRESS)

20. FILED June 13, 1936 Sarah A. Bassett, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (bronchial) | 6-9-36 |

Other contributory causes of importance:
Fracture of Larynx
Auto accident

Name of operation: Laryngostomy Date of: 6-8-36
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? Accident Date of injury 6-8, 1936
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury: Auto overturned
Nature of injury: Fracture of larynx

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. E. Lange, M.D.
(Address) 3730 Washington Blvd

SUPPLEMENTARY

S-25129