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

AUG 18 1936

791

Do not use this space.

29146

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7924

City St. Louis, Mo. (No. CHRISTIAN HOSP St. ..... Ward)

2. FULL NAME Edward John Kress (Kriess)

(a) Residence, No. 4016 Carter Av St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella (Wolff) Kress

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25-1877

7. AGE: YEARS 59 | MONTHS 1 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: Louis Kriess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo

MOTHER

15. MAIDEN NAME: Minerva Stulk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis, Mo.

17. INFORMANT (ADDRESS): Mrs Ella Kress 4016 Carter

18. BURIAL, ~~CREMATION, OR REMOVAL~~ St. Peters Cem.
PLACE St. Louis County DATE July 28 1936

19. UNDERTAKER (ADDRESS): Kraeger-Voss-Fix, Inc. North Kingshighway at Lexington

20. FILED JUL 27 1936 J F Biedeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Jul 26, 1936

I last saw him alive on Jul 25, 1936 Death is said to have occurred on the date stated above, at 10 a.m.

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

Chronic Interstitial Nephritis — Date of onset

Other contributory causes of importance: 131

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? .....

If so, specify .....

(Signed) Chas Mellies, M. D.

(Address) 3825 N 20th