179

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.

OCT 5 1936

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

Do not use this space.

35717

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1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 9336

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

City Saint Louis, Missouri (No. 4328 Forest Park Ave. St. ..... Ward)

2. FULL NAME John McDowell Kreider.

(a) Residence, No. 4328 Forest Park Blvd St., 19 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18th, 1869.

7. AGE: Years 66 | Months 10 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For himself

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) Ohio

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Roy Humphrey 4328 Forest Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE September 10-36.

19. UNDERTAKER (ADDRESS) Ziegenheim Bros. 2623 Cherokee Street.

20. FILED SEP 9 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8th, 1936.

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

Yes Physician in attendance

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30P m.

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

Partial Intestinal obstruction (adhesions) (no trauma) Cause of adhesions unknown Aortic Stenosis no malignancy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) John J. Sweeney, M.D.

(Address) Deputy Coroner

9/9/36