

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**

Do not use this space.

**NOV 4 1936**

**36241**

**1. PLACE OF DEATH**

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **City Infirmiry**)

File No. **9888**  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

**Edgar J. Kraft.**

(a) Residence, No. **City Infirmiry**, st. **Hospital 13**

(Usual place of abode) **5800 Arsenal St.** (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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 13, 1936**

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

22. I HEREBY CERTIFY, That I attended deceased from **May 23, 1935** to **September 13, 1936**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 8 1869**

I last saw **him** alive on **September 13, 1936** Death is said to have occurred on the date stated above, at **10:05 P.M.**

7. AGE YEARS **67** MONTHS **8** DAYS **5** IF LESS than 1 day, hrs. or min.

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

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

**CEREBRAL ACCIDENT, LEFT, RECENT** Date of onset **9/11/36**

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

Other contributory causes of importance: **BRONCHOPNEUMONIA, CEREBRAL ACCIDENT, OLD, RIGHT**

10. Date deceased last worked at this occupation (month and year) **X** 11. Total time (years) spent in this occupation

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

13. NAME **Emil Kraft.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

15. MAIDEN NAME **May** **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **10-1-36**

19. UNDERTAKER (ADDRESS) **J. N. Gebben, 2nd & U co.**

20. FILED **OCT 1 1936** **J. F. Bredeck** Registrar.

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) **J. F. Bredeck**, M. D.  
 (Address) **5600 Arsenal**

