

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.

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

Do not use this space.

**NOV 4 1936**  
1. PLACE OF DEATH

791

39245

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 5400, Milentz) St. 2 (Ward)

File No. 10278  
Registered No. 10278  
St. 2 (Ward)

2. FULL NAME Ida Kreme  
(a) Residence, No. 5400 Milentz St. 2 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>(late) Gustave Kreme</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-20-1858</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>1</u>
	DAYS <u>20</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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) <u>Pa.</u>	13. NAME <u>Julius John</u>	
MOTHER FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Fredericka John</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>Julius John Kreme 5400 Milentz</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u> DATE <u>10-13-36</u>	
	19. UNDERTAKER (ADDRESS) <u>Southern Ind Co. 6322 Grand</u>	
	20. FILED <u>OCT 12 1936</u> <u>J. Bredeck</u> Registrar.	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1936, to Oct 10 1936  
I last saw h. or w. alive on 10/10 1936. Death is said to have occurred on the date stated above, at 6:15 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
22 Oct  
80  
Other contributory causes of importance:  
Arterio-Sclerosis  
Muscular atrophy  
57

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) P. C. Barnard M.D. M. D.  
(Address) 6312 Washington ave  
University City Mo.

Dr P C Barnes

6312 Washington

10-10-30