

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

Do not use this space.

NOV 4 1936

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City. St. Louis (No. 3441 Chippewa St.)St. 16 Ward.File No. 39401Registered No. 240St. 16 Ward.2. FULL NAME. MARGARET KRAATZ(a) Residence, No. 3441 Chippewa St., St. 16 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

Female

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

Theodore Kraatz

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

Mar. 16, 1857

7. AGE

YEARS

79

MONTHS

6

DAYS

30

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

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

Housewife

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)

Germany

FATHER

13. NAME Christian Hunickel

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME Unknown Bullheller

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

Theo. Kraatz  
3441 Chippewa St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Oct. 17, 1936

19. UNDERTAKER

(ADDRESS)

Wacker, Helderle  
2331 S. Broadway

20. FILED

19

J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 23rd, 1934, to Oct 15th, 1936

I last saw him alive on Oct 15th, 1936. Death is said

to have occurred on the date stated above, at 9:45 p.m.

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

Pneumonia Nephritis

Date of onset 4/23/34

Other contributory causes of importance:

Atherosclerosis

4/23/34

Name of operation none Date of

What test confirmed diagnosis? Hemogram 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) Albert G. Juffhardt, M. D.

(Address) 3438 Chippewa St.

Handwritten notes or scribbles, possibly including the number '10' and other illegible characters.