

NOV 4 1936

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

Do not use this space.

39796

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No.
City St. Louis, (No. City Hospital No. 1008)

File No.
Registered No. 1086a
St. Ward)

B. 10848 Rosalie Kriwanek

2. FULL NAME
(a) Residence, No. 1806 s. 13th St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Austria

13. NAME John Koltenbrogen

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hosp. Info. Mildred H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker Cem. DATE Oct. 29, 1936

19. UNDERTAKER (ADDRESS) Wm. C. Maydell
1926 Allen Ave.

20. FILED OCT 30 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/23/36, 1936, to 10/26/36, 1936

I last saw h. her on 10/26/36, 1936. Death is said

to have occurred on the date stated above, at 9.30 p

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

Arterio sclerosis Date of onset
108
Lobar pneumonia
Other contributory causes of importance: 7??
Lobar pneumonia
Bronchopneumonia ???

Name of operation..... Date of
What test confirmed diagnosis?..... 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?.....

If so, specify (Signed) Geo. Seiberg, M. D.
(Address) City Hospital No. 1

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.

WHILE FURNISHING WITH OBTAINING INFORMATION THIS IS A PERMANENT RECORD

