

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

39822

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 2117 Russell) St. _____ Ward _____

File No. _____
Registered No. 10891

2. FULL NAME

John Krings

(a) Residence, No. 2117 Russell St. 23 Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Amelia Krings
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 5 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. Petersen Commission Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany

MOTHER FATHER
13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Amelia Krings (ADDRESS) 2117 Russell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE November 2, 1936

19. UNDERTAKER Wm. J. Robert (ADDRESS) 1905 S. Grand Blvd.

20. FILED 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1936, to Oct. 29, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7.15 A. M.

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

Coronary Embolus
of the aorta
of the aorta

Other contributory causes of importance: 99a

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 J. N. Weimobes, M. D.
(Signed) J. N. Weimobes
(Address) 2200 N. 9th

657 30 1936

