

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County FranklinRegistration District No. 297File No. 5830Township Washington, Mo.Primary Registration District No. 3016Registered No. 10City Washington, Mo. (No. _____, St. _____ Ward _____)2. FULL NAME Edmund Nicholas Krekel(a) Residence, No. 8 W. 2nd St., Washington, Mo. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

HUSBAND OF (OR) WIFE OF Mary Schultz Krekel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 15, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>81</u>	<u>2</u>	<u>16</u>		

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

12. BIRTHPLACE (CITY OR TOWN) St. Charles County Missouri
(STATE OR COUNTRY)13. NAME Frank Krekel14. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY) Germany15. MAIDEN NAME Amelia Roesner16. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY) Germany17. INFORMANT Miss Alma Krekel
(ADDRESS) 8 W. 2nd St., Washington, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE Feb. 3rd, 193719. UNDERTAKER Otto & Company,
(ADDRESS) Washington, Mo.20. FILED Feb. 2-1937 N. U. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 193722. I HEREBY CERTIFY, that I attended deceased from July 5, 1935, to Jan. 31, 1937I last saw him alive on Jan. 31, 1937. Death is saidto have occurred on the date stated above, at 119 m.

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

Chronic Myocarditis

Date of onset

March1-1935Other contributory causes of importance: 930Name 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? no

If so, specify _____

(Signed) J. O. Manpin, M. D.(Address) Washington, Mo.

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.

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