

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. **791**
1003
Primary Registration District No. 3819 Virginia Ave.

File No. **8089**
Registered No. **1495**
St. Ward)

2. FULL NAME Susanna Kracke(a) Residence, No. 3819 Virginia Ave. 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*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18-1851.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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 1013. NAME Geo. Bickelhaupt 1014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1015. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Lena Kracke
(ADDRESS) 3819 Virginia Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Feb. 3rd. 193719. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway20. FEB 3 - 1937 19 J. Briedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31st. 193722. I HEREBY CERTIFY That I attended deceased from Dec 15 1936, to Jan 31 1937I last saw her alive on Jan 31 1937 Death is saidto have occurred on the day stated above, at 9:45 P.M.

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

ac myocarditis following Date of onset Jan 25
chronic myocarditis

Other contributory causes of importance:

arteriosclerosis Jan 1. 1936Name of operation noneWhat test confirmed diagnosis Path. Physical & Clinical Tests Date of 1937
was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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. W. Walters M. D.(Address) 3668 8th St. Hovei Mo.

At least every year 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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