

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.

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **CITY HOSP. #1**)

File No. **10271**
Registered No. **2840**
St. Ward)

2. FULL NAME

William Kreckler
(a) Residence, No. **3446 S. Broadway St.** **24** 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 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 Sophie Kreckler		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 1870		
7. AGE	YEARS 67	MONTHS 2
	DAYS 10	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balfer	
	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.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 11 1937**

22. I HEREBY CERTIFY That I attended deceased from **Jan 27** 1937, to **Mar 10** 1937
I last saw him alive on **Feb 10** 1937. Death is said to have occurred on the date stated above, at **4 P. M.**
The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic
Arteriosclerosis
Cardiac asthma
Other contributory causes of importance: **93C**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **John Kreckler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Maria Von Hula**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Sophie Kreckler 3446 S. Broadway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter** DATE **3/15 1937**

19. UNDERTAKER (ADDRESS) **Witt Bros. & Co. 2929 S. Jefferson Ave.**

20. FILED **MAR 13 1937** **J. Bredeck** Registrar.

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? **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?.....
If so, specify.....
(Signed) **Walter D. Cuhar** M. D.
(Address) **1801 S. Broadway**

290e

