

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 3036
City St. Charles (No. _____) St. _____ Ward _____

File No. 13208
Registered No. 4

2. FULL NAME

(a) Residence, No. 1411 N. 2nd St St. 4 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Rudesson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15th 1865</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>11</u>
	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 1934</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Wm. Krohn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Louise Lauer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Fred Krohn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns Cemetery</u> DATE <u>March 29, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Halsman & Baur</u>		
20. FILED <u>3/29</u> 19 <u>37</u> <u>Clarence G. Hessler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1937, to 3/27, 1937.
I last saw him alive on 3/27, 1937. Death is said to have occurred on the date stated above, at 5:45 am.
The principal cause of death and related causes of importance were as follows:
Septic arthritis Date of onset 3/16/37
Chronic myocarditis
Cholangitis
Other contributory causes of importance:
Chronic myocarditis
Cholangitis
Name of operation Cholecystectomy Date of 1/29/37
What test confirmed diagnosis? clinical 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) Ray L. Pennington, M. D.
(Address) St. Charles, 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.

