

MAY 7 1937

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

Do not use this space.

14359

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St Louis(No. 1401 Gano Ave)

File No.....

Registered No. 3855

St. Ward)

2. FULL NAME William Kroehnke(a) Residence, No. 1401 Gano Ave St., 9 Ward.

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident, give city or town and State) 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 Louise Kroehnke6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>100</u>	<u>72</u>	<u>10</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Germany
(STATE OR COUNTRY)13. NAME John Kroehnke14. BIRTHPLACE (CITY OR TOWN)..... Germany
(STATE OR COUNTRY)15. MAIDEN NAME Caroline Schroeder16. BIRTHPLACE (CITY OR TOWN)..... Germany
(STATE OR COUNTRY)17. INFORMANT Louise Kroehnke
(ADDRESS) 1401 Gano Ave18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem Apr 12 193719. UNDERTAKER Beiderwieden Funeral Home Inc
(ADDRESS) 1936 St Louis Ave20. APR 12 1937
Jet Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 193722. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936, to April 10, 1937I last saw him alive on April 9, 1937. Death is said to have occurred on the date stated above, at 7:45 A M

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

Carcinoma of Penis

Date of onset

Other contributory causes of importance: 51

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.....
(Signed) H. A. Uhlenmeyer M. D.(Address) 1511 E Grand Bl.

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.

1511-C. Linn.
3512-*poros. Res.*