

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

Do not use this space.

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AUG 24 1937

1. PLACE OF DEATH

County Jefferson 2
Township Gestus 1
City Gestus (No.)

Registration District No. 421
Primary Registration District No. 4249

File No.
Registered No. 66
St. Ward)

2. FULL NAME

Stillborn Kreidler

(a) Residence, No. St., 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Gestus (STATE OR COUNTRY) MO

FATHER 13. NAME Phillip Joseph Kreidler

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Philomena R. Kohler

16. BIRTHPLACE (CITY OR TOWN) St Genevieve (STATE OR COUNTRY) MO

17. INFORMANT Phillip J. Kreidler (ADDRESS) Gestus MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gestus MO DATE July 26 1937

19. UNDERTAKER Duester-Vinard (ADDRESS) Gestus MO

20. FILED 8/1 1937 J. E. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1937

22. I HEREBY CERTIFY, That attended deceased from July 25 1937 to July 25 1937
I last saw h. Stillborn alive on July 25 1937, 19... Death is said to have occurred on the date stated above, at.....m.

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

Stillborn

Date of onset

Other contributory causes of importance:

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 Stillborn (Signed) Stillborn, M. D.

(Address) Capital City 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.

