

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **4441 Red Bud Ave.**, St. Ward)

29010

File No.
Registered No. **7643** St. Ward)

2. FULL NAME

Rev. Frederick H. Krafft,

(a) Residence, No. **4441 Red Bud Ave.**, 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. **9** 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 Carloine Krafft,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1874		
7. AGE YEARS 62	MONTHS 9	DAYS 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister		11. Total time (years) spent in this occupation.....
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).....		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **Aug 9, 1937** to **Aug 10, 1937**

I last saw him alive on **Aug 11, 1937**. Death is said to have occurred on the date stated above, at **9 P. M.**

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

Cancer Primary bladder Date of onset **4/9/37**

Other contributory causes of importance:
Arteriosclerosis Chronica
Chronica myocardia **11/1/36**

Name of operation..... **None** Date of.....
What test confirmed diagnosis?..... **Went to** 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?..... **X**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... **X**
Nature of injury..... **X**

24. Was disease or injury in any way related to occupation of deceased?..... **no**
If so, specify
(Signed) **W. William T. Hruski** M. D.
(Address) **3500 N. Grand**

12. BIRTHPLACE (CITY OR TOWN)..... **California, Missouri**
(STATE OR COUNTRY)

13. NAME **Carl Krafft,**

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

15. MAIDEN NAME **Katherine Meier,**

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

17. INFORMANT..... **Caroline M. Krafft,**
(ADDRESS) **4441 Red Bud Ave.,**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Peters Cem.** DATE **Aug. 14th, 37**

19. UNDERTAKER..... **My Rest and Burial Co.**
(ADDRESS) **1417 N. Market Street**

20. FILED..... **Aug 13, 1937**
J. Brebeck Registrar.

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.

