

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MAY 10 1938

12764
Do not use this space.

3368

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis, Missouri. (d) Street No. St. Luke's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph W. Kraenche. 652
 (a) Residence, No. St. NR Ste. Genevieve, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1902
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 11 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) March 1938. 11. Total time (years) spent in this occupation 12 yrs.
 12. BIRTHPLACE (CITY OR TOWN) Ozora, (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Andrew Kraenche
 14. BIRTHPLACE (CITY OR TOWN) Ninegarden (STATE OR COUNTRY) Missouri.
 MOTHER 15. MAIDEN NAME Catherine Naegen
 16. BIRTHPLACE (CITY OR TOWN) Zell, (STATE OR COUNTRY) Missouri.
 17. INFORMANT Miss Regina C. Kraenche (ADDRESS) Ste. Genevieve, Missouri.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ste. Genevieve, Mo DATE April 12, 1938
 19. FUNERAL DIRECTOR Albert H. Hoppe, Inc., (ADDRESS) 429 N. Euclid Ave.
 20. FILED APR 10 1938 J. Bredeek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1938
 22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938 to April 9, 1938
 I last saw him alive on April 9, 1938. Death is said to have occurred on the date stated above, at 1:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Meningitis Type 24 Date of onset 4/1/38
non-epidemic
 Other contributory causes of importance: 19
 Name of operation Date of
 What test confirmed diagnosis? 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) Earnest A. Heber, M. D.
 (Address) 5535 Delmar

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

J. P. Sullivan

Licensed Embalmer No.

1122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)