

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

5168
Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City **St. Louis**..... (d) Street No. **5805 Lotus Ave.**..... 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.

Registered No. **1861**

2. PRINT FULL NAME **1625 Annie Krisman**

(a) Residence, No. **5805 Lotus Ave.**..... St. **6**.....
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 58

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **At. Home**
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MOSCOW Russia**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Oscar Lehr 5805 Lotus Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emet Feb. 26 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Herman Rudolph 5216 Delmar Blvd.**

20. FILED **19 FEB 27 1939 J.F. Budick Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-25-1939**

22. I HEREBY CERTIFY, That I attended deceased from **May 1939** to **Feb 25 1939**
 I last saw him alive on **Feb 25 1939**. Death is said to have occurred on the date stated above, at **1:05 A.M.**
 The principal cause of death and related causes of importance were as follows:

**Coronary Occlusion
Hypertensive Heart Disease**
**Arteriosclerosis
general**
 Other contributory causes of importance **hyper**

Date of onset **2-20-39**
1925

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) **Loebittlich**, M. D.
 (Address) **3720 Washington St. Louis 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Charles Cooper

Licensed Embalmer No.

3830

P. O. Address

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

If this body is not embalmed, above space should be left blank.