2-3 PM

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

Do not use this space.

32718

1. PLACE OF DEATH

County ..... Registration District No. 591 File No. .....

Township ..... Primary Registration District No. 1008 Registered No. 9579

City St. Louis, (No. 2240 Osage Street. St. ..... Ward)

2. FULL NAME John Kratzer

(a) Residence, No. 2240 Osage Street. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male.	white	single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1881.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	--	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.

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) (STATE OR COUNTRY) Germany.

FATHER

13. NAME George Kratzer.

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

MOTHER

15. MAIDEN NAME Nee Emelia Kratzer.

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

17. INFORMANT (ADDRESS) Mrs. J. Sinnwell 2240 Osage Street.

18. BURIAL, CREMATION, OR REMOVAL

SS. PLACE Peter & Paul Cem. DATE Sept. 12, 31.

19. UNDERTAKER (ADDRESS) J. N. Gebken L & U Co. 2842 Meramec Street.

20. FILED SEP 11 1931, 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11-1931. 9/11

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 31, to Sept 11, 31

I last saw him alive on Sept 10, 1931. Death is said to have occurred on the date stated above, at 4:10 m. 4:10 A.M.

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

Date of onset

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Pulmonary Tuberculosis

?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Post exam. 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) Adolph Mrs, M. D.

(Address) 1001 Chinkee

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

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.