

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

Do not use this space.

2632

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis mo* (No. *Barnes Hosp*)
 St. Ward)

File No.....
 Registered No. **251**
 St. Ward)

2. FULL NAME

Charles Frederick Kraschinsky
 (a) Residence, No. *4711 Cupples* St. *11* 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. *6* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>Nancy Hilbert Kraschinsky</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 17 - 1864</i>		
7. AGE	YEARS <i>69</i>	MONTHS <i>11</i>
	DAYS <i>14</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Stationary Engineer</i>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
FATHER	13. NAME <i>John Kraschinsky</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT <i>Nancy Kraschinsky</i> (ADDRESS) <i>4711 Cupples Place</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Laurel Hill</i> COUNTY <i>St. Louis</i> DATE <i>Jan 8</i>		
19. UNDERTAKER <i>Stroot & Carholl</i> (ADDRESS) <i>4600 Hall Place</i>		
20. FILED <i>Jan - 11 1934</i> <i>J. B. Bredbeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 5* 19*34*

22. I HEREBY CERTIFY That I attended deceased from *1 - 3* 19*34*, to *1 - 5* 19*34*
 I last saw him alive on *1 - 5* 19*34* Death is said to have occurred on the date stated above, at *9 45* a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach
metastatic carcinoma of liver
 Date of onset *1932*

Other contributory causes of importance:
Biliary obstruction
portal obstruction
2/16/34
2/18/34

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *C. M. Charles*, M. D.
 (Address) *Barnes Hospital*

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.

