

JUN 18 1936

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

Do not use this space.

21510

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3732** - **Arkansas Ave** Ave St. Ward)

2. FULL NAME

Frederick St. Kratz
(a) Residence, No. **3732 - Arkansas Ave 16** Ward. (If nonresident, give city or town and State)
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 **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 **Caroline Kratz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 9 - 1879**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	57	4	21	

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. **Painter**

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) **St. Louis Mo**

FATHER

13. NAME **August Kratz**

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

MOTHER

15. MAIDEN NAME **Elizabeth Henning**

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

17. INFORMANT (ADDRESS) **Caroline Kratz 3732 - Arkansas Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakerwood Park** DATE **June 2 36**

19. UNDERTAKER (ADDRESS) **Wackery, Belderle 2331 Broadway**

20. FILED **JUN 1 1936** **J. Buebeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 30 1936**

22. I HEREBY CERTIFY That I attended deceased from **May 30** to **May 30**, 19**36**
I last saw **him** alive on **May 30**, 19**36** Death is said to have occurred on the date stated above, at **6:50 p.m.**
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Sudden
Other contributory causes of importance: **Arteriosclerosis = 5 yrs**

Name of operation **None** Date of **None**
What test confirmed diagnosis? **Lab. rec.** 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) **J. Schiele, M.D.** (Address) **1945 Maple St.**

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.

