

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.

DEC 13 1937

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

Do not use this space.

39973

1. PLACE OF DEATH

County Registration District No. *7001*
Township Primary Registration District No. *1000*
City *St Louis* (No. *St Ann's Hospital*) St. Ward)

File No.
Registered No. *10960*

2. FULL NAME

ANTHONY KRESSE
(a) Residence, No. *5301 PAGE BLVD* St., *12* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. *5* mos. *5* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *MALE* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *SINGLE*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *JUNE 21 - 1937*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 5

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

13. NAME

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

15. MAIDEN NAME *MONICA KRESSE*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *NORTH LITTLE ROCK ARK*

17. INFORMANT *SISTER ZOE* (ADDRESS) *5301 PAGE BLVD*

18. BURIAL, CREMATION, OR REMOVAL PLACE *CALVARY CEMETARY* DATE *NOV 27* 19*37*

19. UNDERTAKER *CHARLES HATCHER* (ADDRESS) *5301 PAGE BLVD*

20. FILED *NOV 27 1937* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 26* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 10* 19*37* to *Nov 26* 19*37*

I last saw him alive on *Nov 26* 19*37*. Death is said to have occurred on the date stated above, at *3:45 P.M.*

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

Acute Bronchitis
Ischemic Pneumonia
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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 *Ischemic Pneumonia* (Signed) *J. Bredeck*, M. D.

(Address) *1807 Union Ave*

