

REC'D JUN 9 1938

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

16516

Do not use this space.

## 1. PLACE OF DEATH

 (a) County.....  
 (b) Township.....  
 (c) City St. Louis  
 (d) Length of residence in city or town where death occurred D. 1374 yrs. mos. ds.

 Registration District No. 701  
 Primary Registration District No. 1008  
 (d) Street No. City Hospital No. 1 St.
Registered No. 4377

(If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

 (a) Residence, No. 3505 South 2nd St. 24  
 (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1892.
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
46 1 22

 OCCUPATION 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. hwk  
 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) Germany13. NAME Fred Kratmann14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME ? Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Germany17. INFORMANT (ADDRESS) Hosp. Info M. Kent

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Pk. DATE May 14th, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Ziegenhain Bros  
2623 Cherokee Street20. FILED MAY 13 1938 J. P. Brudick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12/38 1922. I HEREBY CERTIFY, That I attended deceased from 4/28/38 to 5/12/38, 19I last saw h..... alive on 5/12/38, 19..... Death is said to have occurred on the date stated above, at 12 noon m.

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

*Lobar pneumonia*  
*Bronchial asthma*

Other contributory causes of importance

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes23. 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) Wm. T. Friedersall, M. D.  
(Address) City Hospital No. 1

**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, .....

*H. M. Davis*

....., or by .....

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

Signed .....

*H. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2623 Cherokee*

**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.**