

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

Do not use this space.

42888

1. PLACE OF DEATH

County.....

Registration District No. 701
1008

Township.....

Primary Registration District No. 742

City St. Louis

File No.
Registered No. 12814
St. Ward)

2. FULL NAME

(a) Residence, No. 748 Dover St. St. 1 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. 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1847

7. AGE YEARS 84 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.

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

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) same 1930 11. Total time (years) spent in this occupation 71

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

13. NAME Arnold Krekel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

15. MAIDEN NAME Ida Krug

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

17. INFORMANT (ADDRESS) John M. Krekel 748 Dover St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo. DATE 12, 30, 1931

19. UNDERTAKER (ADDRESS) O. B. Fike 212 West 1st St.

20. FILED DEC 29 1931 Wm. E. Strickland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1931, to Dec. 28, 1931

I last saw him alive on Dec. 28, 1931 Death is said to have occurred on the date stated above, at 4 P. m.

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

Uremia
SIC
131
93C

Date of onset 12/26/31
1926
1930
1929

Other contributory causes of importance:
1 - Chronic Myocarditis
2 - Carcinoma Prostate
3 - Chr. Glomerulo-Nephritis

Name of operation None Date of None
What test confirmed diagnosis? Clonus, microscope Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Assault, suicide, or homicide? No Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) W. M. Clark, M. D.
(Address) 3951 E. Travois

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.

7