

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

Do not use this space.

11747

1. PLACE OF DEATH

County.....

Registration District No. **7911**

Township.....

Primary Registration District No. **003**

City **St. Louis, Mo.** No. **1225**

Hebert

File No.

Registered No. **3596**

St. Ward)

2. FULL NAME

(a) Residence. No. **1221 Hebert** St. **26** 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 **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

Henry Kramer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 22 - 1847**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 | **2** | **8**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House Wife**

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **Litchfield Ill**
(STATE OR COUNTRY)

10. NAME OF FATHER **Amos Snook**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Key**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Kinder**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Penn.**
(STATE OR COUNTRY)

14. INFORMANT **Mrs. J. A. Jordan**
(Address) **1131 Hebert St**

15. **MAR 31 1928** FILED **May C. Starloff**

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **3/30** 19 **28**

17. I HEREBY CERTIFY, That I attended deceased from **March 22^d**, 19 **28**, to **March 30**, 19 **28** that I last saw h. **W.** alive on **March 29th**, 19 **28**, and that death occurred, on the date stated above, at **1:30 A.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93%
57A (duration) **3** yrs. mos. ds.
CONTRIBUTORY **Arthritis deformans**
(SECONDARY) (duration) **10** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **None**
(Signed) **Edwin J. Frohlich**, M. D.

3/30, 19 **28** (Address) **2806 Ar. 12th**.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mt. Olive Hill** DATE OF BURIAL **4-1** 19 **28**

20. UNDERTAKER **Becker and Co** ADDRESS **Mt. Olive Hill**

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.

MISSOURI STATE BOARD OF HEALTH IS A PERMANENT RECORD

