REC'D JUL 12 1939

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

791

20953
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 5797
(c) or City St. Louis (d) Street No. Missouri Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. (f) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. PRINT FULL NAME 655 Elizabeth M. Krummenacher
(a) Residence, No. 9603 Wallis Court St. WR Overland, Mo.
(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): Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF William Krummenacher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25-1889
7. AGE: YEARS 50 MONTHS 8 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 6/3/39
11. Total time (years) spent in this occupation 25 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell, Kansas

FATHER
13. NAME William Cunnungham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell, Kansas

MOTHER
15. MAIDEN NAME Elizabeth Eisfelder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) William Krummenacher 9603-Wallis Court Overland
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE 6-30-39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baumann Bros Inc 2504 Woodson Rd - Overland, Mo.
20. FILED JUN 29 1939 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1939
22. I HEREBY CERTIFY That I attended deceased from June 23, 1939, to June 28, 1939
I last saw her alive on June 27, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis Stones	6-23-39
126	
Other contributory causes of importance: Acute Cardiac Dilation	6-27-39

Name of operation Cholecystectomy Date of 6-24-37
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Roy A. Walther, M. D.
(Address) 2438 Woodson Rd. Overland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Gustave R. Baumann

Licensed Embalmer No. 2315

P. O. Address Overland, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

City #84

If this body is not embalmed, above space should be left blank.