DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27573

Registration District No. 791 REC'D SEP 14 1939 Primary Registration District No. ..... Registrar's No. 7073

1. PLACE OF DEATH: 1003

(a) County .....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2028 College Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 76 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County .....

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2028 College Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Frederick J. Krallman 645

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adeline Krallman

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. (Month) 11th. (Day) 1862 (Year)

8. AGE: Years 76 | Months 8 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired Confectioner 9

11. Industry or business Candies 2

FATHER
12. Name John Krallman 1
13. Birthplace Dont Know (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) ..... (State or foreign country)

16. (a) Informant's own signature Mrs. F. J. Krallman
(b) Address 2028 College Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-39 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethelhem Cemetery

18. (a) Signature of funeral director D. L. Provost
(b) Address 3710 N. Grand Blvd.

19. (a) AUG 15 1939 (Date received local registrar) (b) J. F. Brisbick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12th.
year 1939 hour 2.55 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1939, to Aug 12th, 1939;
that I last saw him alive on Aug 12, 1939
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chr. Myocarditis | ? |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Arthur H. de Masy (M. D. or other)
Address 4046 N. Grand Bl. Date signed 10/12/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

A. H. De Masy
4046 N. Grand
3-4

Ne 1266

**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 Me

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

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

**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.**