

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.

Registration District No. 1008

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 2  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3931 Cottage Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 69 Years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1  
(c) City or town St. Louis. 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3931 Cottage Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Nellie Krewet. 1030

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laurence R. Krewet. 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 30, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>0</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Fogarty.

13. Birthplace Ireland.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Murphy.

15. Birthplace Ireland.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nellie Powers

(b) Address 3917 Cottage Ave.

17. (a) Burial (b) Date thereof 9-26-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) SEP 25 1939 (b) J. P. Brudick  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23.  
year 1939 hour 9:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 10  
1939, to Sept. 23, 1939  
that I last saw him alive on Sept. 23, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis  
arterial sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Arterio-sclerosis  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
2 years  
10 years  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arthur J. Donnelly (M. D. or other) MD  
Address 2202 University St Date signed 7/24/39

*Dr. Wm. W. ...*  
*1130-1230*

**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 *Alfred J. Boedeker*  
Licensed Embalmer No. *2663*  
P. O. Address *4204 Prairie*

**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.