

NOV 13 1939 791
Registration District No. **1008**

Primary Registration District No. _____

Registrar's No. **8504**

1. PLACE OF DEATH: **1008**
(a) County 1
(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:
De Paul Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days.
(Specify whether
In this community 52 Years.
years, months or days)

3. (a) PRINT FULL NAME Cora M. Krey. **6000**
8. (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 John D. Krey. 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July 26 1887.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>52</u>	<u>2</u>	<u>6</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 _____
12. Name Arthur V. Sadler.
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Herrington.
15. Birthplace Indiana.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John D. Krey
(b) Address 4564 Alcott Ave
17. (a) Burial (b) Date thereof Oct. 5, 1939
(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 661 8 4 1939
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1
(c) City or town St. Louis. **7**
(If outside city or town limits, write "RURAL")
(d) Street No. 4564 Alcott Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2 nd.
year 1939 hour 12:00 minute 20 P.M.
21. I hereby certify that I attended the deceased from 10-1-39
to 10-2-39, 1939,
that I last saw h. h alive on 10-2-39, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Sanguine P. Reg Duration 3 days
Due to Sanguine P. Reg
Due to Hypertensive heart disease
intermittent fibrillation
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 9-5-39
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? _____

While at work _____ (Specify type of place)
(e) Means of injury 1 m. 2
23. Signature Arthur J. Donnelly (M. D. or other) _____
Address St. Louis, Mo. Date signed 10-3-39

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.

830 am to 12
Foster King

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. Boede

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.