29 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D DEC 9 1939

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40752

Primary Registration District No. 101

Registrar's No. 2099

**1. PLACE OF DEATH:** St. Louis

(a) County

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

(c) Name of hospital or institution: St. Louis County Hospital /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 2 days (Specify whether

In this community life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. / (b) County St. Louis

(c) City or town Ballwin
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Road
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Jacob Krumrey 656

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Catherine

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

7. Birth date of deceased Jan. 6 (Month) 1860 (Day) (Year)

8. AGE: Years 79 | Months 10 | Days 23 | If less than one day ..... hr. ..... min.

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

10. Usual occupation nil. 0

11. Industry or business 1

FATHER
12. Name John Krumrey 6
13. Birthplace ? (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name Gottlieben Muntz
15. Birthplace ? (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Katie Krumrey

(b) Address Ballwin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-1-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Manchester, Mo. Home

18. (a) Signature of funeral director Schrader Funeral

(b) Address Ballwin, Mo.

19. (a) NOV 29 1939 (Date received local registrar) (b) D. R. Meyer M.D. (Registrar's signature) PB

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 29 year 1939 hour 5 minute :50 A.M.

21. I hereby certify that I attended the deceased from 10-27-39 ....., 19...., to 11-29-39, 19....; that I last saw him alive on 11-29-39, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon (Sigmoid - with Metastases

Due to

Due to 46

Other conditions Intestinal obstruction Secondary
(Include pregnancy within 3 months of death)

Major findings:
Of operations Annular Carcinoma of Sigmoid colon c Metast
Of autopsy

Duration: Indefinite

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 Robert Mangum (M. D. or other) !

Address St. Louis Co. Hospl. Date signed 11/29/39

(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.

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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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, Mo

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

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