DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9005

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2488

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 yrs. 1 mo. 6 days (Specify whether years, months or days)

In this community 62 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 20 (If outside city or town limits, write "RURAL")

(d) Street No. 2625 a St. Louis Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 33 years years.

3. (a) PRINT FULL NAME Louise Krein

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Chas. W. Krein

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

7. Birth date of deceased May (Month) 6, (Day) 1876 (Year)

8. AGE: Years 63 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany 6 (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housewife

MOTHER FATHER

12. Name Henry Brug

13. Birthplace Unknown (City, town, or county) Germany 6 (State or foreign country)

14. Maiden name Frieda Meyer

15. Birthplace Unknown (City, town, or county) Germany 6 (State or foreign country)

16. (a) Informant's own signature [illegible]

(b) Address 5400 Arsenal St

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3-15-40. (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hy. Leidner and Co

(b) Address 1417N Market St.

19. (a) MAR 15 1940 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12, year 1940 hour 10:08 minute p.m. M.

21. I hereby certify that I attended the deceased from July 7, 1939 to March 12, 1940 that I last saw her alive on March 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia 3-9-40 — Duration

Due to Chronic Nephritis 7-39x

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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) Manner of injury

23. Signature W. [illegible] (M. D. or other)

Address 5400 Arsenal St. Date signed

(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.

50M-5-17-39 Rev. 5-17-39 I X19511

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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.