

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

33625
8322

State File No.

Registrar's No.

Registration District No. 791.1

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 5 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1817 Rutger St
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Nora Krewson

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John E. Krewson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 18 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 16 hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John E. Martin

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

14. Maiden name Sarah McDonald
(City, town, or county) (State or foreign country)

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

16. (a) Informant Edward J. Jankel

(b) Address 9022 Forest Ave Overland Mo

17. (a) Burial (b) Date thereof October 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) OCT 7 1940 (b) J. J. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1940 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from August 30, 1940 to October 4, 1940
that I last saw her alive on October 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Breast Duration 6 mo

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations See above

Of autopsy See above

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 J. C. Tyndall (M. D. or other)

Address 1515 Lafayette Ave., Date signed 10/5/40

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 Frank J. Owens.

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.