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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33812
Registrar's No. 8509

Registration District No. 791
Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town. St. Louis Mo.

(c) Name of hospital or institution: St. Athony's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week
(Specify whether In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town. Lemay Mo. NR.
(If outside city or town limits, write "RURAL")

(d) Street No. Tesson Ferry Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Gene Krossinger

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1940 hour 12:15 minutes P

21. I hereby certify that I attended the deceased from _____, 19____ to 5:30 October 1940

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race W

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

6. (b) Name of husband or wife Joseph Krossinger

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased April 3 1872
(Month) (Day) (Year)

Immediate cause of death Diabetes mellitus

Due to Cerebral apoplexy wh.

Due to Hypertensive heart disease

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>6</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation House work. 4

11. Industry or business St. Home 9

12. Name George Kraennert

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

14. Maiden name Unknown

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

Major findings: _____

Of operations 5/1

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Gene Krossinger

(b) Address Lemay Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 15/40
(Month) (Day) (Year)

(c) Place: burial or cremation Mattese Mo. Fendler Und. Co.

18. (a) Signature of funeral director _____

(b) Address 7420 Michigan Ave

19. (a) OCT 14 1940 (Date received local registrar) (b) J.P. [Signature] (Registrar's signature)

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. A. [Signature] (Name of or other) _____

Address 1012 [Address] signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.