

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41087

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10858**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community Life
years, months or days) _____

3. (a) PRINT FULL NAME William Krummel

3. (b) If veteran, name war Spanish American 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 Emma Krummel 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 16, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	10	12	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Christian Krummel

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

14. Maiden name Anna Hehl

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

16. (a) Informant Emma Krummel

(b) Address 1227 Allen Market Lane

17. (a) Burial (b) Date thereof 12/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O.S.S. Peter & Paul

18. (a) Signature of funeral director Wacker-Welderle

(b) Address 2331 S. Broadway

19. (a) DEC 31 1940 (b) J. W. Grebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1227 Allen Market Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 40 hour 6 minute 20 A.

21. I hereby certify that I attended the deceased from 12-9-40
_____ 19____, to 12-28 1940

that I last saw him alive on 12-28-40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
acute cardiac decompensation

Due to metastatic ca - lungs, liver, & lymph nodes.

Due to Carcinoma of Stomach - Primary

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 4/6

Of autopsy Confirmed above.

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 James T. Moore (M. D. or other) _____

Address Desloge Hospital Date signed 12-30-40

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

MOTHER FATHER

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 _____

Robert Wheeler

Licensed Embalmer No. _____

2178

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, fact should be so stated above.