

S. No. 2
4-13-40
5-17-39
PI X23159

MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12974

State File No. 3404

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
2652 Chariton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME CHARLES KRUMM

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-09-0292

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Agnes 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January 26 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 2 23 hr. min.

9. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nightwatchman

11. Industry or business Schweer Brick Co.

12. Name Charles Krumm

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

14. Maiden name Mary Ziegler

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

16. (a) Informant Agnes Krumm

(b) Address 2652 Chariton St.

17. (a) Burial (b) Date thereof Apr. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director J. H. Kubben, Sec. & Treas. Co.

(b) Address 2842 Hiram St.

19. APR 21 1941 (b) F. J. Zedek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2652 Chariton St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1941 hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Parenchymatous Nephritis; with Ascites;
Due to CONTRIB: Hydrops Pericardii; Chronic Hypertrophic Cirrhosis of Liver;

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
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) (b) Means of injury

23. Signature Thomas F. Callera (M. D. or other) 3
Address Deputy Coroner Date signed _____

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

10
7
9

70

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.....

Joseph S. Benz, Registered Apprentice No. 218
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 3120
2842 Meramec St.
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.