

S. No. 2  
4-13-40  
7-5-47-39  
X23159

MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13260**  
Registrar's No. **3690**

Registration District No. **791**

Primary Registration District No. **1003**

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:  
**St Johns Hospital** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **96**  
(a) State **Missouri** (b) County **St Louis**  
(c) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL") **4113**  
(d) Street No. **1225 Bellevue Ave**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **1** years.

3. (a) PRINT FULL NAME **Henry P Krallman**  
3. (b) If veteran, name war..... 3. (c) Social Security No. **489-12-1376**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary E Krallman** 6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **January 8 1871**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **21** If less than one day hr. min.

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

10. Usual occupation **Production Mgr**

11. Industry or business **Pioneer Cooperage Co**

12. Name **Henry C Krallman**

13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Fredericka Lammers**

15. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary E Krallman**

(b) Address **1225 Bellevue Blvd**

17. (a) **Burial** (b) Date thereof **May 1 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funl Home Inc**

(b) Address **1936 St Louis Ave**

19. (a) **APR 29 1941** (b) **J. W. Brudeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **29**  
year **1941** hour **4:00** minute **A** M.

21. I hereby certify that I attended the deceased from **4/22/41**  
....., 19....., to **4/29/41**, 19.....  
that I last saw h. **IM** alive on **4/28**, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis**  
**2 wks - sub**

Due to **ARTERIO SCLEROSIS** **you**

Due to

Other conditions (Include pregnancy within 3 months of death) **82 1**

Major findings: Of operations **82 1**

Of autopsy **82 1**

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) (Country) (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..... **0**

23. Signature **B. Blawie** (M. D. **1**)

Address **1129 Bellevue** Date signed **4/29/41**

Duration  
Underline the cause to which death should be charged statistically.

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

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179

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**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.....

*Frederic J. Krupar*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

**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.**