

FILED AUG 20 1941
1791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 23060
Registrar's No. 5412

Registration District No. _____

Primary Registration District 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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 weeks
(Specify whether
In this community Birth 0
years, months or days)

3. (a) PRINT FULL NAME Ronald John Krout

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

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

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 19 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Willard Krout
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Elvera Rusch
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Willard L. Krout
(b) Address 3907a Sherman Place

17. (a) Burial (b) Date thereof 7/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 1 1941 (b) J. W. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3907a Sherman Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1941 hour 10:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from birth
_____ 19____ to June 29, 1941
that I last saw h. _____ alive on June 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Isaemic
Due to Spina bifida birth
Due to Hydrocephalus
Other condition _____
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy same as 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) Means of injury _____
23. Signature Math Hermann (M. D. or other) J. W. [Signature]
Address 6738 W. Felicitant Date signed 6-30-41

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

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.

This body not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.