

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Maple & Hodiamont Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1251 Bayard
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HARRY KRELL

3. (b) If veteran, name war Yes, World War 3. (c) Social Security No. 489051852

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

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

7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>About</u>	<u>52</u>			hr. min.

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

10. Usual occupation Stone Mason

11. Industry or business Brick Work

12. Name Alexander Ziskin Krell

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

14. Maiden name Faja

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

16. (a) Informant Meyu Bera

(b) Address 1251 Bayard

17. (a) Burial (b) Date thereof 2-4-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Menhandle

(b) Address 4469 Washington

19. (a) FEB 3 1942 (b) J. F. Predeck
 (Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
 year 1942 hour 6 minute 35 P. 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 Chronic Myocarditis - Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis 93d

Major findings: Of operations 93

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) (e) Means of injury 1

23. Signature James J. Zimmerman (M. D. or other) _____
 Address 1308 Olive Ave Date signed 2/3/42

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

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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 W. Z. Overhauled
Licensed Embalmer No. 3669

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.