

FILED MAY 7 1942 791

Registration District No. Primary Registration District No. 1002

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:
3014 Wyoming 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3014 Wyoming St.
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Caroline Krenning
3. (b) If veteran, name war..... None
3. (c) Social Security No. None
4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Francis Krenning
6. (c) Age of husband or wife if alive..... 63 years
7. Birth date of deceased..... Nov. 14th 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28
year 1942 hour 8:45 minute..... P.M.
21. I hereby certify that I attended the deceased from..... 1942
....., 19..... to 1942
....., 19.....
that I last saw her alive on..... April 27..... 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 5 14 ..hr.min.
9. Birthplace..... St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation..... Housewife

Immediate cause of death.....
acute myocarditis
chr. nephritis
diabetes melitus
chr. myocarditis and
endocarditis
Due to.....
Due to.....
Other conditions.....
(include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business.....
12. Name Charles Broch
13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Henrietta Thiebes
(City, town, or county) (State or foreign country)
15. Birthplace..... Franklin County Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant..... Francis Krenning
(b) Address..... 3014 Wyoming St.
17. (a) Burial (b) Date thereof..... 5-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... New St. Marcus Cemetery
18. (a) Signature of funeral director..... Kriegshauser Mortuaries
(b) Address..... 4228 So. Kingshighway Blvd.
19. (a) APR 30 1942 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....
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..... J. J. Budeck (M. D. or other)
Address..... 340 Bernhardt Date signed..... 4/29/42

Duration
2 wks
6 mo.
6 mo
10 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

Signed..... *Edwin A. McNeerath*

Licensed Embalmer No. *3024*

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.