

FILED MAR 2 1943  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1540

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 2324 University  
(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 Fannie Belle Krechel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Jacob J. Krechel 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 7th 11 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 11 9 hr. min.

9. Birthplace Mulberry Grove Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Lynch Ireland 4  
(City, town, or county) (State or foreign country)

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

14. Maiden name Fannie Stephenson  
(City, town, or county) (State or foreign country)

15. Birthplace Edinburgh Scotland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob J. Krechel

(b) Address 2324 University

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Boulevard

19. (a) FEB 16 1943 (Date received local registrar) J. J. Bruner (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. 2324 University  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16  
year 1943 hour 1:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 12th  
1943, to Feb 16th 1943  
that I last saw her alive on Feb 15th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions diabetes and cholelithiasis  
(Include pregnancy within 3 months of death)

Major findings: Of operations PHYSICIAN \_\_\_\_\_

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 Clare E. Kern (M. D. or other) 4/16/43  
Address 746 w alton Date signed 2/16/43

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

MOTHER FATHER

706 Hallen  
90-1686

**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.....

*William J. Hudson*

Licensed Embalmer No.....

*4319*

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.**