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6283

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

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

FILED MAR 11 1943

Registration District No. 117

Primary Registration District No. 543J

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Boeuf Imp

(c) Name of hospital or institution: 1 1/2 miles west of Swiss

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether)

In this community 40 years (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town 1 1/2 miles west of Swiss

(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ERNST CARL KRULL

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

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

6. (b) Name of husband or wife Lena Krull 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec. 10, 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>2</u>	<u>14</u> hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Ernst Krull

13. Birthplace Germany (State or foreign country)

14. Maiden name Austina Engelmann (State or foreign country)

15. Birthplace Germany (State or foreign country)

16. (a) Informant Mrs. Ernst Krull (b) Address Swiss, Missouri

17. (a) Burial (b) Date thereof 2/27/43 (c) Place: burial or cremation St. Johns Swiss, Mo.

18. (a) Signature of funeral director Hermann, Missouri (b) Address

19. (a) 2-27-43 (b) Mrs. H. H. Theuer (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 20 1942 to Feb 24 1943 that I last saw him alive on Feb 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1318

PHYSICIAN
Major findings: Of operations
Of autopsy
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?

23. Signature Howard Horkman (M. D. or other) Address Hermann Mo Date signed 2-26-43

1262

(Licensed Embalmer's Statement on Reverse Side)

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.....

Hugo St. Blum

Licensed Embalmer No. 3160

P. O. Address. Hermann, Missouri

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.