V. S. No. 2
50M—5-42
Re 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 20 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8492

Registrar's No. 2311

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2720a South Seventh St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Unknown

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. 2720a S. Seventh St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lydia Kromnacker

3. (b) If veteran, name war --

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 Charles Kromnacker

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 1, (Day) 1869 (Year)

8. AGE: Years 73 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Red Bud, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Karl Rathert
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Kloepper
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Kromnacker
(b) Address 2720a S. 7th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 10 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Wacker-Helderle Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) MAR 10 1943 (Date received local registrar) (b) J. T. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1943 hour 2 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion
Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas J. Allen M.D. (Coroner)

Address Deputy Coroner Date signed 3-10-43

(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 Frank J. Thyland

Licensed Embalmer No. 2645

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.