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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1943

Registration District No. 377

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39146

Primary Registration District No. 6076

Registrar's No. 2699

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans' Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Nov. 20, 1943 (Specify whether years, months or days)
In this community -

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2324 University St.,
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME KRECHEL, Jacob J.

3. (b) If veteran, name war SPAW

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife -

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

7. Birth date of deceased June 8, 1870 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 26 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Furniture Packer,

11. Industry or business -

FATHER
12. Name Anton Krechel,
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Walters,
15. Birthplace Unknown (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant M. Schulig
(b) Address Vets. Adm. Facility, Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 7-43 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM

18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway

19. (a) DEC - 7 1943 (Date received local registrar) (b) E. G. McGaughey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1943 hour 8:05 A.M. minute M.

21. I hereby certify that I attended the deceased from November 20, 1943, to December 4, 1943, that I last saw him alive on December 4, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HEMORRHAGE, CEREBRAL, ACUTE.	About 4-hrs.
DUE TO: CEREBRAL ARTERIOSCLEROSIS.	UNKNOWN
OTHER CONDITIONS: HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE, WITH MYOCARDIAL DAMAGE, DYSPNEA AND ORTHOPNEA.	UNKNOWN
NEPHRITIS, CHRONIC, WITH NITROGEN RETENTION. (Include pregnancy within 3 months of death)	UNKNOWN.

PHYSICIAN — Underline the cause to which death should be charged statistically.

Major findings:
Of operations No operation.
Of autopsy No autopsy.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) Means of injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 12-4-43

(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

Louis C. Hoffmeister, Registered Apprentice No.

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.