

FILED DEC 22 1943 318

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name)
(c) Name of hospital or institution: Little Sisters of the Poor, 3400 So. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years,
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis,
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand Blvd.,
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Mary Krechel-Sember

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 Divorced,

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 19, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 -0- 15 hr. min.

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

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name George Bertel,
13. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Wippel,
15. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver L. Krechel,

(b) Address 206 Avenue H. Lemay, Mo.

17. (a) Burial, (b) Date thereof 12/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gibben/Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) DEC 4 (b) J. F. Budick
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4
year 1943 hour 3: minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 19 to Dec 4, 1943
that I last saw him alive on Nov 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency
of atherosclerosis
along arteries
3 yrs.
Due to _____
Due to _____

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration 1 day
370
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. F. Budick (M. D. or other)
Address Union Club Bldg Date signed 12/10/43

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Joe B. Benz #4249
Licensed Embalmer No. 2842 Meramec St.,
St. Louis, Mo.
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.