

FILED FEB 1 1944

Registration District No. 318 Primary Registration District No. 1003

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:  
Park Lane Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Mo. (b) County.....  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1319A Semple Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Charles W. Krinard  
(b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 26  
year 1944 hour 11 minute 40 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife. Emma J. Krinard 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased. Jan. 3 1877  
(Month) (Day) (Year)

I hereby certify that I attended the deceased from Jan 14 - 1944 to Jan 26 - 1944  
that I last saw him alive on Jan 26 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
67 0 23 hr. min.

Immediate cause of death  
DLobar Pneumonia  
(2) Pleuritis  
Due to Circulatory collapse

9. Birthplace. Bunker Hill Ill.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
108

10. Usual occupation Monument Salesman

MOTHER FATHER  
11. Industry or business.....  
12. Name. Frederick Krinard  
13. Birthplace. Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name. Mary Herb  
15. Birthplace. Germany 4  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant. Emma J. Krinard  
(b) Address. 1319A Semple Ave.

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?

17. (a) Burial (b) Date thereof. 1-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Valhalla Cem.  
18. (a) Signature of funeral director. Drehmann-Harral  
(b) Address. 1905 Union Blvd.  
19. (a) JAN 27 1944 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
23. Signature Sho. Leighton (M. D. or other)  
Address 602 2nd St Date signed 1/26/44

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

AUG 31 1949

**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..... *Warren A. Carver*.....  
Licensed Embalmer No... *3534*.....  
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.**