

No. 2  
4-2-43  
5-17-39  
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9166

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

3078

Registration District No.

318

Primary Registration District No.

1003

Registrar's 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 of township)  
(c) Name of hospital or institution:  
5451 Cologne  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Alvina E. Krah

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, Married

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

7. Birth date of deceased Sept. 23 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 6 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Ferdinand Dupke

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Emelia Pardeck

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Krah

(b) Address 5451 Cologne

17. (a) Burial (b) Date thereof April 3, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Park Lawn Cemetery

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Walter Wilderich  
3634 Gravois

(b) Address \_\_\_\_\_

19. (a) APP 1 (b) J. J. Bredel  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 92  
(d) Street No. 5451 Cologne  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 30 day \_\_\_\_\_  
1944 year \_\_\_\_\_ hour 11 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 10/7 to 3/30 1944  
that I last saw him alive on 3/1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension & Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 83

Of autopsy \_\_\_\_\_

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 W. W. Wagnenbach (M. D. or other) \_\_\_\_\_  
Address 4738 S. Main Date signed 3/31/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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..... *Grant J. Gifford*  
Licensed Embalmer No. *12645*  
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.**