

FILED MAY 9 1944

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3783**

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: City Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours
Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street 2827 Iowa Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY B. KRAHM

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 Arthur Krahm 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July 10th 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business Housewife.

12. Name Joseph Schroll

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

14. Maiden name Mary Schnorbus

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

16. (a) Informant Arthur Krahm

(b) Address 2827 Iowa Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27/44
(Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Thoroldus & Son

(b) Address 2906 Gravois Ave.

19. (a) APR 24 1944 (Date received local registrar) J. F. Madach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1944 hour 9 15 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Endometrium Polyp.
Due to (Endometrium Polyp.)

Due to _____
Other conditions 83
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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)
Means of injury 3

23. Signature Alfred Perry (M. D. or other) _____
Address Alfred Perry Date signed 4/24/44

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

47
00
17
9

MOTHER
FATHER

844

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 *David Van Fossan*.....

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Garrison*.....

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.