

No. 2
OM-5-43
ev. 5-17-39
I X36671

FILED MAR 30 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2806**

1. PLACE OF DEATH:

(e) 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:
Missouri Baptist Hospital
(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 Katie Crepin

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Rev. Ernest Crepin

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased February 22 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>1</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Cord Buthman

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

14. Maiden name Unknown Gischen

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

16. (a) Informant Rev. E. Crepin

(b) Address 10508 Olmstead St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3-26-46
(Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 25 1946
(Date received local registrar)

J. F. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**

(c) City or town Overland **13**
(If outside city or town limits, write "RURAL")

(d) Street No. 10508 Olmstead St.
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1946 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from March 22, 1946, to March 23, 1946
and that death occurred on the date and hour stated above.

that I last saw h. alive on March 23, 1946.

Immediate cause of death Bacterial Pneumonia **3 da**

Due to _____

Due to _____

Other conditions Ch. Myocarditis **5 yrs**
(Include pregnancy within 3 months of death) **10 yrs.**

Major findings: Septicemic arthritis

Of operations: none

Of autopsy: none

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 MD

23. Signature Married B. Delch (M. D. or other) **MD**

Address 8221 St. Charles Rd. Date signed 3/24/46

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

9340

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 Henry Brammer
Licensed Embalmer No. 4200
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.