

FILED 218 3 1946

Primary Registration District No. 1003

Registrar's No. 5583

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:
2129 E. College
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 26 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2129 E. College
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Paul Henry Krumrey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male () 5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased November 26, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>6</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Postal Clerk

11. Industry or business U. S. Postal Service

12. Name Andrew Krumrey

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

14. Maiden name Elizabeth Krumrey

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

16. (a) Informant Mary Krumrey

(b) Address 2129 E. College

17. (a) Burial (b) Date thereof 6-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) JUN 25 1946 J. F. Bredeck
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 11 1946 to June 22 1946
that I last saw him alive on June 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to 83

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 and place of injury)

23. Signature [Signature] M. D. or other _____

Address [Address] Date signed [Date]

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

000
9/17
12/29/43

Duration
5/6/46
12/29/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St.

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.