S. No. 2
M—5-43
v. 5-17-39
o I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24799

Registration District No. 217 Primary Registration District No. 3068 Registrar's No. 1547

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home (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

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. 3630 Michigan Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry J. F. Krekel

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 2 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	2	17	hr. min.

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

10. Usual occupation Retired Clerk

11. Industry or business

FATHER 12. Name Christian Krekel

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

MOTHER 14. Maiden name Sophia Schroeder

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

16. (a) Informant Ida L. Krekel

(b) Address 3660 Michigan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1946 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Zegenhein Bros

(b) Address 6409 Gravois Ave

19. (a) 7-23-46 (Date received local registrar) (b) E. H. McGuire (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day July year 1946 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from May 28, 1946 to July 19, 1946 that I last saw him alive on July 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to arteriosclerosis	
Due to senility 83-a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

Signature J. A. Sterling M.D. (M. D.)

Address Maplewood Mo. Date signed 7-21-47

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Sterling
7244 Manchester
Ft. 4885
2-4
7340 Elena

AUG 1 1946

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.