

FILED JUL 22 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6122**

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:
3309a Winnebago /
(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 **Margaret E. Krewet**

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 **Single** ()

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

7. Birth date of deceased..... **Feb. 13 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- 4 28 hr. min.

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

10. Usual occupation **Baby**

11. Industry or business.....

12. Name.....

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

14. Maiden name **Marjorie Rexroat**

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

16. (a) Informant **Marjorie Krewet**

(b) Address **3526 Dix Ave., Overland, Mo**

17. (a) **Burial** (b) Date thereof **7/12/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles**

18. (a) Signature of funeral director **Mack W. Wildt**

(b) Address **3634 Gravois Ave.**

19. (a) **JUL 11 1946** **J. F. Brudeck**
(Date received by local registrar) (Registrar's signature)

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. **3309a Winnebago**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11**
year **1946** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 9**, 19**46** to **July 11**, 19**46**;
that I last saw her alive on **July 10**, 19**46**;
and that death occurred on the date and hour stated above.

Immediate cause of death **acute gastro-enteritis**

Due to **etiology unknown**

Due to.....
Other conditions (include pregnancy within 3 months of death) **none**

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 of place) (e) Means of injury.....

23. Signature **Bernard T. Koon** (M. D. or other) **M.D.**
Address **4755 S. Marguerite Road** Date signed **July 11, 1946**

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

24294

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..... *Frank J. Gural*.....
Licensed Embalmer No. *2645*.....
P. O. Address..... *St. Louis*.....

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.