S. No. 2
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P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 74230

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 415

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 107 East Cartwright (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 St. Louis 96
(c) City or town Lemay (If outside city or town limits, write "RURAL") 0
(d) Street No. 107 E. Cartwright (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Catherine Krussel
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 June 11, 1942 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
4	8	11	hr. min.

9. Birthplace St. Louis County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER 12. Name William Krussel
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Catherine Haag
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant William Krussel
(b) Address 107 E. Cartwright
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olive
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) 2-26-47 (Date received local registrar) (b) Ruth L. Allen M.D. (Registrar's signature) BC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 1947 year 8 hour 15 minute am M.
21. I hereby certify that I attended the deceased from June 11, 1946, to Feb 23, 1947 that I last saw her alive on Feb 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lymphatic Leukemia	8 mo
Due to Splenitis	8 mo
Due to 740	
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 0
23. Signature C. H. Bressmeyer (M. D. or other)
Address 762 Lemay Ferry Rd Date signed 2-26-47

(Licensed Embalmer's Statement on Reverse Side)

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 Olivej E. Fender

Licensed Embalmer No. 4148

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.