. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947
#63824

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15309

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4405

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital, Max Starkloff Memorial
(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 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

Street No. 1517 N 23 St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN KRILL

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 Widowed

6. (b) Name of husband or wife Clara Krill

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

7. Birth date of deceased 11 (Month) 26 (Day) 1866 (Year)

8. AGE: Years 80 | Months 5 | Days 3 | If less than one day hr. min.

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

10. Usual occupation nil

11. Industry or business

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mr John Krill

(b) Address 1517 n 23 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) APR 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1947 hour 11:35 minute A.M.

21. I hereby certify that I attended the deceased from 2-26-47, 19, to 4-29-47, 19; that I last saw him alive on 4-29-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Laennec's Cirrhosis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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) Nature of injury

23. Signature George Smith (M.D. or other)

Address 1515 Lafayette Date signed 4-29-47

Jefferson City Printing Co. (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. Ernest W. Spillard

Licensed Embalmer No. 4080

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.