

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15312

State File No. _____

FILED MAY 21 1947

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4255

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:
5375 Claxton Ave.
(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

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. 5375 Claxton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1947 hour 7:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from
Aug. 26 1946, to April 23, 1947;
that I last saw him alive on April 23, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis
Due to Arteriosclerosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME Henry W. Kronsbein

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 married

6. (b) Name of husband or wife Christina Kronsbein 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 8 14 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 9 hr. _____ min.

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

10. Usual occupation Grocery and Meat Market

11. Industry or business self

12. Name Herman Kronsbein

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

14. Maiden name Johannah Krueger

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

16. (a) Informant Mrs. Christina Kronsbein

(b) Address 5375 Claxton Ave.

17. (a) burial (b) Date thereof 4/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Drehmann-Harrel

(b) Address 1905 Union Blvd.

19. (a) APR 25 1947 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

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 Eugene H. Muller, M.D.
Address 2739 N. Grand Date signed 4/25/47

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

MOTHER FATHER

Dr. Eugene Millies (12-2)
2713 N. Grand

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..... *Warren A. Carver*
Licensed Embalmer No. *3534*
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.