FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29225

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7736

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

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: ALEXICAN BROS HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLIONIS (b) County FRANKLIN 999

(c) City or town ROYALTON 11
(If outside city or town limits, write "RURAL")

(d) Street No. NR 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME JOHN KRELO

3. (b) If veteran, name war

3. (c) Social Security No. 335-01-2421

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife

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

7. Birth date of deceased APRIL (Month) — (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
abt	62		—	hr. min.

9. Birthplace UNKOWN (City, town, or county) 4 (State or foreign country)

10. Usual occupation MINER

11. Industry or business COAL

FATHER
12. Name UNKOWN
13. Birthplace UNKOWN (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name UNKOWN
15. Birthplace UNKOWN (City, town, or county) 4 (State or foreign country)

16. (a) Informant MR RODENBERG
(b) Address ROYALTON, ILL.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation ROYALTON, ILL.

18. (a) Signature of funeral director ROWLAND FUNERAL SER.
(b) Address 4355 WASHINGTON AV.

19. (a) AUG 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 12th
year 1947 hour 9:15 minute a. M.

21. I hereby certify that I attended the deceased from 8 March 1947, 19, to 12 Aug, 1947
that I last saw him alive on 11 August, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to

Due to

Other conditions Pneumonitis acute
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

108

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 Robert S. Nye M.D. (M.D. or other)

Address 3201 Arsenal St. Date signed 13 Aug '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.....Ronald Yahnke.....

Licensed Embalmer No.....3917.....

P. O. Address.....St. Louis Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.