

1. PLACE OF DEATH:

(a) County..... **St. Louis, Missouri**

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

(c) Name of hospital or institution..... **727 Dover Place /**  
(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:

**Missouri**

(a) State..... (b) County..... **000**

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

(d) Street No..... **727 Dover Place**  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **Frank Krite**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec** day..... **30**  
year..... **47** hour..... **7:30** minute..... **0** M.

21. I hereby certify that I attended the deceased from..... **Feb 23**  
....., 19..... to..... **Dec 30**....., 19.....  
that I last saw him..... alive on..... **Dec 30**....., 19.....  
and that death occurred on the date and hour stated above.

4. Sex..... **Male**  5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Jessie Krite**

6. (c) Age of husband or wife if alive..... **December 19, 1884** years  
(Month) (Day) (Year)

Immediate cause of death..... **Coronary thrombosis**  
**arteriosclerosis**

Due to..... **arteriosclerosis**

8. AGE:	Years	Months	Days	If less than one day
	<b>68</b>	<b>0</b>	<b>11</b>	hr. .... min.

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... **Salesman**

11. Industry or business.....

12. Name..... **Fred Krite**

13. Birthplace..... **Germany**  
(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..... **Mrs. Jessie Krite**  
(b) Address..... **727 Dover Place**

17. (a) **Burial** (b) Date thereof..... **1-2-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Bellefontaine**

18. (a) Signature of funeral director..... **Southern Funeral Home**  
(b) Address..... **6322 S. Grand Blvd.,**

19. (a) **JAN 2 1948** (b) **J. F. Broussard**  
(Date received local registrar) (Registrar's signature)

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) Means of injury.....

23. Signature..... **Max Stauff** (M. D. or other) **MD**  
Address..... **512 Dover Place** Date signed..... **2/17/48**

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

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 \_\_\_\_\_

*J. Wm. Bantley*

Licensed Embalmer No. \_\_\_\_\_

*2653*

P. O. Address \_\_\_\_\_

*St. Louis, Mo.*

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.