S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2748

Primary Registration District No. 1003

Registrar's No. 525

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: Faith Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Ida. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3860 Bates St. 9 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Infant Krull
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 16, (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
--	--	1	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Child
11. Industry or business
MOTHER FATHER
12. Name Raymond Krull 0
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
14. Maiden name Helen Crean
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Raymond Krull
(b) Address 3860 Bates St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) JAN 19 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 17 year 1948 hour 4 minute 50 A. M.
21. I hereby certify that I attended the deceased from Jan 16 1948 to Jan 17 1948 that I last saw h. alive on 1/16/48 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature 6 mo 10 days	
Due to: mothers condition Premature	
Due to: mother has nephritis and a pelvic deformity	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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 0
23. Signature John S. Yancey (M. D. ~~or other~~)
Address 1126 N. Euclid Date signed

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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

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.