FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6606

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2166

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: 4427 S.37th.St /
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4237 S.37th.St 9
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Harry W. Krenning (Henry)

3. (b) If veteran, name war ******

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna J. Krenning

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased September 2 1868
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 79 | 5 | 26 | hr. min. |

9. Birthplace Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Fred Krenning
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Anna J. Krenning
(b) Address 4327 S.37th.St

17. (a) Burial (b) Date thereof 3-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave

19. (a) MAR 2 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 28th day February
year 1948 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from 5-15, 1945, to 2-27, 1948;
that I last saw him alive on 2-27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chronic.

Due to

Due to 108

Other conditions Pneumonia - Lobar - Left lower.
(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.

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? 0
(Specify type of place)

While at work? (e) Means of injury

Signature John Duemler M. D. or other MD

Address 1504 So Grand Date signed 2/28/48

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 Homer H. Fritz

Licensed Embalmer No. 3882

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.