

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

13158

FILED APR 28 1948

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 22

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town RURAL MERAMEC  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. JOSEPH'S HILL INFIRMARY 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 YRS - 8 MOS. - 1 DAY  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI; (b) County ST. LOUISIT  
(c) City or town ST. LOUIS - 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 430 1/2 So. 37th ST. 1  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK KREWET

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife THERESA MARY UKRIG 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased JANUARY 6 1861  
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)

10. Usual occupation PRINTER

11. Industry or business \_\_\_\_\_

12. Name FREDRICK KREWET

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

14. Maiden name CAROLINE GROK (City, town, or county) (State or foreign country)

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

16. (a) Informant Brother Conrad O.S.B.

(b) Address St. Joseph Hill Infirmary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 - 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Walter Baylorge

(b) Address 6536 Clayton Rd.

19. (a) April 21 48 (Date received local registrar) (b) Phil J. Turk (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 20  
year 1948 hour 4 minute 13 P.M.

21. I hereby certify that I attended the deceased from August 21 1948 to April 20 1948  
that I last saw him alive on APRIL 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS

Due to CARDIAC INSUFFICIENCY

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature St. Mary's Hosp. (M. D. or other) \_\_\_\_\_  
Address 3650 N. Vandeventer Date signed 4-20-48

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed APR 26 1948

MAY 8 1948

MAY

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 *Henry M. Brammer*  
Licensed Embalmer No. *4200*  
P. O. Address *St. Louis*

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.