

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **21050**

FILED JUN 28 1948

Registration District No. **218**Primary Registration District No. **1003**Registrar's No. **5514**

1. PLACE OF DEATH:

- (a) County..... **St. Louis**
- (b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
1109 Geyer Avenue /
(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)3. (a) PRINT FULL NAME **JOHN KRCMAR**

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 **Widower**
6. (b) Name of husband or wife..... **Mary Krcmar**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **About 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 71 ..hr. min9. Birthplace..... **Jugoslavia** X
(City, town, or county) (State or foreign country)10. Usual occupation..... **Retired**

11. Industry or business:

12. Name..... **(Unknown) Krcmar**
13. Birthplace..... **Jugoslavia** X
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Jugoslavia** X
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Julia Dunajcik**
(b) Address..... **6007 Gravois Avenue**17. (a) Burial, cremation, or removal..... **Burial** (b) Date thereof..... **6-19-1948**
(Month) (Day) (Year)(c) Place: burial or cremation..... **Concordia**18. (a) Signature of funeral director..... **Myrtle M. Co.**
(b) Address..... **1926 Allen Avenue**

19. (a) JUN 19 1948 (Date recorded) (b) J. T. Preleski (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... **Missouri** (b) County..... **1000**
- (c) City or town..... **St. Louis** 17
(If outside city or town limits, write "RURAL")
- (d) Street No. **1109 Geyer Avenue** 9
203 (If rural, give location) 0
- (e) Citizen of foreign country? **No** (Yes or No)
- If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17th**
year **1948** hour **12** minute **30 A.** M.21. I hereby certify that I attended the deceased from **June 5** 19**48** to **June 17** 19**48**
that I last saw him alive on **June 17** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

**Chronic Cardio-vascular
Renal Syndrome**

Due to.....

Due to.....

Other conditions..... **Bilateral Broncho-pneumonia**
(Include pregnancy within 3 months of death)

Major findings:

Of operations..... **none**Of autopsy..... **none**

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)..... **20**
- (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..... **W. J. Williams** (M.D. or other)
Address..... **3808 Williams Dr** Date signed **6-17-48**

Duration

**Several
yrs.****10 days.**

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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.....

Benj. L. Duncan

Licensed Embalmer No. **2272**

P. O. Address **1926 Allen Avenue**

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.