

FILED AUG 23 1948  
Registration District No. 318

Primary Registration District No. 1003

State File No. 7075  
Registrar's No. 7075

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..... **Enroute to City Hosp.**  
(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..... **HENRY PAUL KRENNING**

3. (b) If veteran, name war..... 3. (c) Social Security No. **Yes**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Married**  
6. (b) Name of husband or wife..... **Lillian Krenning** 6. (c) Age of husband or wife if alive..... **35** years  
7. Birth date of deceased..... **Feb 1 1908**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**40 6 10** hr. min.

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

10. Usual occupation..... **Switchman**

11. Industry or business..... **RI R R Co.**

12. Name..... **August Krenning**

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

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

16. (a) Informant..... **Lillian Krenning**  
(b) Address..... **6633 Lansdowne Ave.**

17. (a) Burial, cremation, or removal..... **Burial** (b) Date thereof..... **Aug. 14 1948**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Sunset Burial Park**  
**C. Hoffmeister Colonial Mortuary**

18. (a) Signature of funeral director.....  
(b) Address..... **6464 Chippewa St.**

19. (a) **AUG 12 1948** (b) **J. F. Budek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **and**  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6633 Lansdowne Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **August** day..... **11**  
year..... **1948** hour..... **7:35** minute..... **00** P. M.

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

Immediate cause of death.....  
**Coronary Occlusion**  
**Coronary Sclerosis**

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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?..... (Specify type of work)

23. Signature..... **Patricia E. Taylor** (M. D. or other)  
**1300 Clark** Date signed..... **8-12-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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**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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broncho

**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.