

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. **318**

88590

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. **1003**

State File No. _____

Registrar's No. _____

27926

7039

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital- Max C. Starkloff
(If not in hospital or institution, write street number or location)
Memorial
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Edward Krite

3. (b) If veteran,
name war no

3. (c) Social Security No.
none

4. Sex male 5. Color or
race white

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

6. (b) Name of husband or wife
Josephine G. Krite

6. (c) Age of husband or wife if
alive 71 years

7. Birth date of deceased December 28 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Fred Krite

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

14. Maiden name Louise Perchbacher

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

16. (a) Informant Mrs. Josephine G. Krite

(b) Address 2716 Utah Street

17. (a) Burial (b) Date thereof 8/13/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director W. B. R. & U. Co.

(b) Address 2929 S. Jefferson Ave.

19. (a) AUG 11 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2716 Utah St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th
year 1948 hour 9 minute 35 A.
8-6-48

21. I hereby certify that I attended the deceased from 8-10-48
to 8-10-48
that I last saw him alive on 8-10-48
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon
Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations As above

Of autopsy As above

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 Masauke Kura (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 8-10-48

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.....

J. M. Davis

Licensed Embalmer No. *3741*

P. O. Address *2929 So. Jefferson Ave*

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.