

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34363
9239
Registrar's No. _____

FILED NOV 6 1948 318
Registration District No. _____

Primary Registration District No. 1003

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 Hospital 3
(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 JOSEPH M. KRALL

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-10-6813

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olga Krall 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased October 22-1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 2
If less than one day hr. _____ min. 6

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

10. Usual occupation Shoe Cutter

11. Industry or business _____

12. Name Joseph Krall

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

14. Maiden name Unknown

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

16. (a) Informant Olga Krall

(b) Address 1808a Allen Avenue

17. (a) Cremation (b) Date thereof 10-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director W. B. Hasater

(b) Address 1926 Allen Avenue

19. (a) OCT 26 1948 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1808a Allen Avenue
(If rural, give location)
23
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th
year 1948 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1942 to Oct 24 1948
that I last saw him alive on Oct 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

Due to Coronary thrombosis

Due to Hypertension 5 yr

Other conditions Arteriosclerosis 5 yr
(Include pregnancy within 3 months of death)

Major findings: TH
Of operations _____
Of autopsy _____
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) (r) Means of injury _____

23. Signature W. B. Hasater (M. D. or other) _____
Address 2462 Grand Date signed 10/24/48

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

MOTHER FATHER

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. C. 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.