

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34375
8799

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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:
5076 EMERSON AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5076 EMERSON AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME JOSEPH EDWARD KRALLMAN
(b) If veteran, name war WORLD WAR #1
(c) Social Security No. 496-18-7266

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 9
year 1948 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from Oct. 4
1948 to Oct. 9, 1948
that I last saw him alive on Oct. 9, 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CATHERINE
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased DEC. 27 1891
(Month) (Day) (Year)

Immediate cause of death _____
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
56 9 12 hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy none.
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace ST LOUIS Mo
(City, town, or county) (State or foreign country)
10. Usual occupation MACHINIST.
11. Industry or business UNEMPLOYED

12. Name EDWARD F. KRALLMAN
13. Birthplace ST. LOUIS Mo
(City, town, or county) (State or foreign country)
14. Maiden name MARY MORRIS
15. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Krallman
(b) Address 5076 Emerson Ave.

17. (a) Burial (b) Date thereof 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Cullen Kelly
(b) Address 7386 LINDELL BLVD

19. (a) OCT 11 1948 (Date received local registrar)
J. B. Lassiter (Registrar's signature)

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 or place) (e) Means of injury _____
23. Signature R. J. Rizer (M. D. or other) _____
Address 4158 Newstead Date signed 10/11/48

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

MOTHER FATHER

Dr Rigler
4158 N. Newstead

8-9

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 *James A. Parness*

Licensed Embalmer No. *4142*

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.