

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:
St. Louis State Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution 2 Mos.
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2317 Indiana Ave
23 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME WILLIAM E. KRONDL

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th
year 1948 hour 2: minute 00 A. M.

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Pauline

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 4th, 1876
(Month) (Day) (Year)

Immediate cause of death Oedema of brain;
Cardiac Hypertrophy

Duration _____

8. AGE: Years 72 Months 2 Days 13
If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Falstaff Brewery Co. Bottle Dep't.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William Krondl

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

14. Maiden name Katherine Maleka

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

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? _____

16. (a) Informant Pauline Krondl

(b) Address 4500 Washington Blvd.

17. (a) Burial (b) Date thereof 10/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Yacku Heddle U. R. Co.

(b) Address 3634 Gravois St. Louis, Mo.

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

23. Signature Patrick E. Taylor, Dep. Com.
(M. D. or other)

Address 1300 Clark Date signed 10-19-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.