

S. No. 300
V. 10.48

96
0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39764

State File No. _____

FILED NOV 21 1949

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>4407</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. LENGTH OF STAY (In this place) <u>87</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		d. STREET ADDRESS (If rural, give location) <u>107 East Etta</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 East Etta</u>				d. STREET ADDRESS (If rural, give location) <u>107 East Etta</u>							
3. NAME OF DECEASED a. (First) <u>Grace</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>Krepps</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>13</u> (Year) <u>1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>March 12, 1905</u>		9. AGE (In years last birthday) <u>44</u>	10. MONTHS <u>8</u>	11. DAYS <u>1</u>	12. IF OTHER IN HRS. <u>None</u>	13. IF OTHER IN MIN. <u>None</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Melvin Carpenter</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Foley</u>			14. NAME OF HUSBAND OR WIFE <u>Alvin Krepps, 107 E. Etta</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Krepps, 107 East Etta Ave</u>				ADDRESS <u>107 East Etta Ave</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ac dilation of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic vascular myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>1 yr or more</u> <u>4221</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>Jan. 1949</u> , to <u>Nov. 13, 1949</u> , that I last saw the deceased alive on <u>Nov 13, 1949</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Deputy or title) <u>Erwin S. Cuelver</u>				23b. ADDRESS <u>75 E Lemay Ferry Rd</u>			23c. DATE SIGNED <u>11/14/49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>					
DATE REC'D BY LOCAL <u>NOV 14 1949</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahoe</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co.</u>					ADDRESS <u>7420 Michigan Ave.</u>	

(Weaver's Standard's Signature on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W E Morris.....

Licensed Embalmer No. 3360.....

P. O. Address.....

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.

219 21 111