

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43270**
04648
Registrar's No. _____

FILED DEC 17 1949

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		c. LENGTH OF STAY (in this place) TOWNSHIP / STAY 64 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		d. STREET ADDRESS (If rural, give location) 8510 Hamilton Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 8510 Hamilton Ave.				d. STREET ADDRESS 8510 Hamilton Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) William c. (Last) Krenning			4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 1949						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 6 1885			
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Black Jack, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME August P. Krenning			13b. MOTHER'S MAIDEN NAME Anna Alahma		14. NAME OF HUSBAND OR WIFE Lydia E. Schneider Krenning				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 490-14-5467		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Henry W. Krenning, 8510 Hamilton Ave.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH 3 mo. 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 12-7 , 19 49 , to 12-7 , 19 49 , that I last saw the deceased alive on 12-7 , 19 49 , and that death occurred at 4:15 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Stoyce R. Olson M.D.				23b. ADDRESS 6401 W. Florissant		23c. DATE SIGNED 12-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 10, 1949		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. 12-10-49		REGISTRAR'S SIGNATURE Herbert R. Dombke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.					

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

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(H) *SLW*

Dr. L. F. Nelson
64018th Avenue
1-3 PM

CE 86x6

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis 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.