S. No. 300
v. 10.48

4007

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7062

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 472

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

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (in this place): 30 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 820 E.Big Bend Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 57 Webster Groves 19
d. STREET ADDRESS (If rural, give location): 820 E.Big Bend Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Julius
b. (Middle): Frederick
c. (Last): Krewinghaus

4. DATE OF DEATH (Month) 2 (Day) 21 (Year) 1950

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan.8,1884
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 1, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R.Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Mail service
11. BIRTHPLACE (State or foreign country): Venedy, N.Y.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Herman Ernst Krewinghaus
13b. MOTHER'S MAIDEN NAME: Louise Steinkamp
14. NAME OF HUSBAND OR WIFE: Rosalie Moellman Krewinghaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Louise Krewinghaus — ADDRESS: 820 E.Big Bend

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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 420.0
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 — , 1949, *to* 2-21, 1950, *that I last saw the deceased alive on* 2-20, 1950, *and that death occurred at* 9:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burch V. Raley M.D.
23b. ADDRESS: 539 N. Grand
23c. DATE SIGNED: 2/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feby.23,1950
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) (State): Affton,23 Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: FEB 23 1950 Herbert R Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mittelberg Funeral Home Webster Groves 19 Mo.

(Licensed Embalmer's Statement 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:~~ Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elton H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.