

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21717**
 Registrar's No. **5180**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

995

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

1. PLACE OF DEATH a. COUNTY		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 Saint Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 5512 Delmar Blvd., 0	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) c. (Last) Krausnick	4. DATE OF DEATH (Month) (Day) (Year) June 10, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH ? about 85	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Public School Teacher	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Charles Krausnick	13b. MOTHER'S MAIDEN NAME Pauline Schmidt	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. Krausnick, 4117 Magnolia	ADDRESS
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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, asthma, etc.—It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism & Infarct ANTECEDENT CAUSES As for blood, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture left shoulder DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis general		INTERVAL BETWEEN ONSET AND DEATH Instant 3 weeks
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5/20/50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from chair in home 69020
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22. I hereby certify that I attended the deceased from **May 20, 1950**, to **6-10-50**, 19**50**, that I last saw the deceased alive on **6-9**, 19**50**, and that death occurred at **4:00 A.M.**, from the causes and on the date stated above. **WJ**

23a. SIGNATURE (Degree or title) Paul K. Weble 0 M.D.	23b. ADDRESS 721 Olive	23c. DATE SIGNED 6-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 6-12-50	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Saint Louis County, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 13 1950 J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.
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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 _____

Cornet W. Spillers

Licensed Embalmer No. *14080*

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.