

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6348

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rosati	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) L			c. (Last) Krewson			4. DATE OF DEATH (Month) (Day) (Year) July 20, 1950					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 30 1908			9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. James, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Charles Krewson			13b. MOTHER'S MAIDEN NAME Tilda Baty			14. NAME OF HUSBAND OR WIFE Delphine Krewson		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Nil		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delphine Krewson-Rosati, Missouri.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Uremia</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic glomerulonephritis?</u> DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>							

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 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? <u>592X</u>		

22. I hereby certify that I attended the deceased from Feb 4, 19 49 to July 20, 1950, that I last saw the deceased alive on July 19, 19 50 and that death occurred at 12:54p m., from the causes and on the date stated above.

23a. SIGNATURE A. R. Fursel M.D.		(Degree or title)		23b. ADDRESS Humbolt Bldg.		23c. DATE SIGNED 7-21-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-21-50		24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) St. James, Mo.	

DATE REC'D BY LOCAL REG. JUL 24 1950		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *[Handwritten Signature]*

Signed.....
Student Embalmer

Licensed Embalmer No. *4699*

P. O. Address *St. Charles*

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.