

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25531

State File No. ....

S. No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>3069</u>	Registrar's No. <u>1784</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>Mo</u>		b. COUNTY <u>St. Louis</u>
b. CITY (If outside corporate limits, write RURAL and give town) <u>Richmond Hgts.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crestwood</u>		c. LENGTH OF STAY (in this place) <u>4400</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u>		b. (Middle) <u>B.</u>	c. (Last) <u>Sandoz</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7 23 1950</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Home</u>		8. DATE OF BIRTH <u>11-19-1902</u>
9. AGE (In years last birthday) <u>47</u>		10. UNDER 1 YEAR Months Days		11. UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>August Krumrey</u>		
13b. MOTHER'S MAIDEN NAME <u>Mollie Rosenfelder</u>		14. NAME OF HUSBAND OR WIFE <u>Emil</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emil Sandoz Crestwood Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>444X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>444X</u>		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) (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 <u>July 9</u> , 19 <u>50</u> , to <u>July 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 23</u> , 19 <u>50</u> , and that death occurred at <u>12:00A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE OF REGISTRAR <u>C. E. Sterling MD</u>		23b. ADDRESS <u>2050 North of ...</u>		23c. DATE SIGNED <u>7-24-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls</u>
24d. LOCATION (City, town, or county) (State) <u>Ohio - Warsaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home Bellin</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

Mo

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 *J. Allen Davis Jr*

Licensed Embalmer No. *402-3*

P. O. Address *Davis 10 Me*

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.