

FILED JAN 31 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 2695

2695

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>607</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>2344 Olive St Road 4380</b>		d. STREET ADDRESS (If rural, give location) <b>Olive St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henrietta</b> b. (Middle) <b>Augusta</b> c. (Last) <b>Kroenung</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-19-1951</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>12-7-1871</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WEEKS Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ret Home</b>		11. BIRTHPLACE (State or foreign country) <b>St Louis County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Adam Steffan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Puelmann</b>		14. NAME OF HUSBAND OR WIFE <b>Wm J</b>			
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 <b>Onida Mueller 2344 Olive St Road</b>			
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) <b>lobar pneumonia of l. lower lobe</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease, arterial atherosclerosis</b> DUE TO (c) <b>neoplastic disease of pancreas, gallbladder</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>H90 X</b>			
22. I hereby certify that I attended the deceased from <b>Sept. 1949</b> to <b>Jan. 18, 1951</b> , that I last saw the deceased alive on <b>Jan. 18, 1951</b> , and that death occurred at <b>19:30 m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>D. Hermann Maas M.D.</b>				23b. ADDRESS <b>508 No. Grand Ave.</b>		23c. DATE SIGNED <b>1/19/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-22-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gumbo</b>		24d. LOCATION (City, town, or county) (State) <b>Gumbo Mo</b>		
DATE REC'D BY LOCAL REG. <b>JAN 20 1951</b>		REGISTRAR'S SIGNATURE <b>J.P. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schrador Funeral Home Ballwin Mo</b>			

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Ronald O. Yalmske*

Signed .....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address

*St Louis 10 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.