

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2698  
Registrar's No. 577

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2698		Registrar's No. 577	
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 St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2342a South Grand				d. STREET ADDRESS (If rural, give location) 2342a South Grand. 0					
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) A.O.		c. (Last) Krumnack		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18 1951		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 7		8. DATE OF BIRTH APRIL 6 1878		9. AGE (In years last birthday) 72.	# UNDER 1 YEAR Days 9	# UNDER 2 HRS. Hours 12	# UNDER 24 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Advertising		11. BIRTHPLACE (State or foreign country) GERMANY			12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE			
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 LILLIAN ABRAMS			ADDRESS 2342 So. Grand	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Proxymy Thrombosis</i> ANTECEDENT CAUSES <i>Angina Pectoris</i> 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.						INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>  <i>5 years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H202</i>					
22. I hereby certify that I attended the deceased from <i>June 1</i> 19 <i>45</i> , to <i>Jan 18</i> , 19 <i>51</i> , that I last saw the deceased <i>live on</i> , 19 <i>51</i> , and that death occurred at <i>9a</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Paul M. Smith</i> (Degree or title) m. S.				23b. ADDRESS <i>4145 S. Grand</i>			23c. DATE SIGNED <i>1/19/51</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 22, 51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>				
DATE RECD BY LOCAL REG. <i>JAN 19 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Lasker</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Fendler Und. Co., 7420 Michigan Ave.</i>				

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

51, 1945 received no medicine

H145 So Annual

*mail*

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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.

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