

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 6332

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1876

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 5973 Southwest Ave.	
3. NAME OF DECEASED (Type or Print) William		4. DATE OF DEATH Feb. 26 1951	
5. SEX M D		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
6. COLOR OR RACE W		8. DATE OF BIRTH Dec. 29, 1868	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Business		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
13a. FATHER'S NAME Henry Krummel		14. NAME OF HUSBAND OR WIFE Josephine Krummel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Krummel Jr. 5973 Southwest Ave.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Multiple Myeloma 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 Poststatic Hyper Trophly	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []	
21f. HOW DID INJURY OCCUR?		20. AUTOPSY? YES [] NO [X]	
22. I hereby certify that I attended the deceased from Feb. 12, 1951, to Feb. 26, 1951, that I last saw the deceased alive on Feb. 25, 1951, and that death occurred at 8:45 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Eugene V. Buschel M.D.		23c. DATE SIGNED 2-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24d. LOCATION (City, town, or county) (State) Affton, Mo.	
24b. DATE Mar. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
DATE REC'D BY LOCAL REG. FEB 26 1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 646 Chippewa St. St. Louis, Mo.	

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

Dr. Henschel
6200 Hoffmann

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 *Harry J. Schumacher* _____

Licensed Embalmer No. *2679* _____

P. O. Address. *7814 S Broadway* _____

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.