S. No. 300
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0923

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9730

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 46

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

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles
c. LENGTH OF STAY (in this place) 45 yrs +
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 222 Tecumseh Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles 0923 D
d. STREET ADDRESS (If rural, give location) 222 Tecumseh Street

3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) W. c. (Last) Krumsick

4. DATE OF DEATH (Month) March (Day) 16 (Year) 1951

5. SEX Male D
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 6 1871
9. AGE (In years last birthday) 79 Months 9 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teamster
10b. KIND OF BUSINESS OR INDUSTRY Milling Co (Flour-Grain)
11. BIRTHPLACE (State or foreign country) Blue Creek, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Krumsick
13b. MOTHER'S MAIDEN NAME unknown Scott
14. NAME OF ~~HUSBAND OR~~ WIFE Lillie Pearl (Strawhun)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NIL
16. SOCIAL SECURITY NO. NIL
17. INFORMANT'S SIGNATURE OR NAME Mrs Lillie P. Krumsick ADDRESS St. Charles, Mo.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None — 4200

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* July, 1949, *to* March 16, 1951, *that I last saw the deceased alive on* March 16, 1951, *and that death occurred at* 8:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Don L. Randall M.D.
23b. ADDRESS 207 N. 5th St. St. Charles Mo
23c. DATE SIGNED 3/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 20-1951
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) St. Charles, Missouri

DATE REC'D BY LOCAL REG. March 18-51
REGISTRAR'S SIGNATURE Fannie Hemmelton 294
25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer & Sons Co **ADDRESS** 800 N. 2nd St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 26 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Herbert C. Dallmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.