

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10316

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3180 PRIMARY REG. DIST. NO. 1009 Registrar's No. 1978

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	c. LENGTH OF STAY (In this place) <u>1 mo 12 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleville</u> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>6312 W Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>G</u> c. (Last) <u>KRUMMICH</u>	4. DATE OF DEATH (Month) <u>2</u> (Day) <u>27</u> (Year) <u>51</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-19-1895</u>	9. AGE (In years last birthday) <u>56-1-8</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
--------------------	-------------------------------	---	-----------------------------------	---	------------------------	----------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Chemical Company</u>	11. BIRTHPLACE (State or foreign country) <u>Belleville / Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>Gustave Krummich</u>	13b. MOTHER'S MAIDEN NAME <u>Josephina Schoenberger</u>	14. NAME OF HUSBAND OR WIFE <u>Florence M</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 <u>Florence M Krummich</u>	ADDRESS <u>Belleville Ill</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>		<u>3 DAYS</u>
	ANTECEDENT CAUSES DUE TO (b) <u>RENAL FAILURE</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>LYMPHOSARCOMA</u>		<u>1 WEEK</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>22 MONTHS</u>

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>200.1</u>
--	--	--

22. I hereby certify that I attended the deceased from 1/15, 19 51, to 2/27, 19 51, that I last saw the deceased alive on 2/27, 19 51, and that death occurred at 1:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. R. Bradley, D. M.D.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>2/27/51</u>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2-28-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville Illinois</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>FEB 28 1951</u>	REGISTRAR'S SIGNATURE <u>J. P. Laster</u>	ROWLAND DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc</u>	4104 ADDRESS
--	--	---	--------------

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. Johnke*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St Louis 12, 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.**