

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1951

State File No. 24889
Registrar's No. 5882

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY OR TOWN <u>St. Louis, Mo</u>		c. LENGTH OF STAY (In this place) <u>32 days</u>	c. CITY OR TOWN <u>St. Louis</u>		2059
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>5338 Vernon Avenue</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>REGINA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>KRONSBAIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan. 5, 1892.</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Days <u>5</u> Hours <u>24</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Civil service</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Kronsbein</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Chapuis</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Kronsbein-5338 Vernon Avenue</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myasthenia gravis</u> ANTECEDENT CAUSES 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. _____ 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 MO.</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				
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 <u>744.0</u>			
22. I hereby certify that I attended the deceased from <u>May 30, 1951</u> , to <u>June 29, 1951</u> , that I last saw the deceased alive on <u>June 29, 1951</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. Bradley</u>			23b. ADDRESS (Degree or title) <u>M.D. BARNES HOSPITAL</u>	23c. DATE SIGNED <u>6/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Missouri</u>		
DATE REC'D BY LOCAL REGISTRY <u>JUL 1 - 1951</u>		REGISTRAR'S SIGNATURE <u>J. R. Lester</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. LUPTON & SONS - 7233 DELMAR BLVD</u>		

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.....

Melvin L. Keuper

Signed.....
Student Embalmer

Licensed Embalmer No. *4052*

P. O. Address *St. Louis, 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.