

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25747

BIRTH NO. 23674-57 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2613

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>             |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY OR TOWN <b>Bel Ridge</b>                            |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bel Ridge</b>   |  |
| c. LENGTH OF STAY (in this place) <b>2 Mo 9 Da.</b>         |  | d. STREET ADDRESS (If rural, give location) <b>3620 Leeward</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3620 Leeward</b> |  |   |  |

|  |                               |  |  |  |  |
|--|-------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Michael</b> b. (Middle) <b>A</b> c. (Last) <b>Krill</b> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 9, 1951</b> |  |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b> | 8. DATE OF BIRTH <b>April 29, 1951</b>                       | 9. AGE (In years last birthday) <b>2</b>                         | 10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>      |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>                        |  | 11. BIRTHPLACE (State or foreign country) <b>St. Charles Mo.</b> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <b>Lawrence Krill</b>                                    |  | 13b. MOTHER'S MAIDEN NAME <b>Doris Cother</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Doris Krill 3620 Leeward</b>                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>None</b>           |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Doris Krill 3620 Leeward Ave.</b> |  |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>infectious pneumonitis</b>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>unk</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>(Type unspecified)</b> |  |   |
|   | DUE TO (c)  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  | <b>492X</b>                                 |

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

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |   |  |   |
|---|---|--|---|
| 23a. SIGNATURE <b>Herbert R. Dombke</b> (Degree or title) |   | 23b. ADDRESS <b>651 S. Brentwood Clayton Mo.</b>                                       | 23c. DATE SIGNED <b>7-10-51</b>                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 24b. DATE <b>7/11/51</b>                          | 24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem.</b>                            | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b> |
| DATE REC'D BY LOCAL REG. <b>7-10-51</b>                   | REGISTRAR'S SIGNATURE <b>Herbert R. Dombke Md</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Collins Funeral Home 10123 St. Charles</b> |   |

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

OK  
Cormier  
7/10/51

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.