

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 8 - 1951

State File No. 27964

Registrar's No. 4173

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		State File No. 27964	
1. PLACE OF DEATH a. COUNTY St Louis CHARLES 092				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis CHARLES		c. LENGTH OF STAY (In this place) 88 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 2218 College			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) H		c. (Last) Kruel		4. DATE OF DEATH (Month) (Day) (Year) Aug 31 1951	
5. SEX Male		6. COLOR OR RACE Celer		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 1 1889	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 7 Days _____		IF UNDER 1 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Factory		11. BIRTHPLACE (State or foreign country) St Louis Mo 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Kruel		13b. MOTHER'S MAIDEN NAME Dena Fennetherst		14. NAME OF HUSBAND OR WIFE Dena Kruel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-07-9729		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dena Kruel 2218 College St Louis 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Coronary Thrombosis Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 1 week unknown	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from August 25 1951 , to August 31 1951 , that I last saw the deceased alive on August 31 1951 , and that death occurred at 6:25 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Don Z. Randall M.D.				23b. ADDRESS 207 N. 5th St. Charles Mo.		23c. DATE SIGNED Sept. 1 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 4 1951		24c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG. 8/1/51		REGISTRAR'S SIGNATURE Francis H. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max ... St Louis Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE NO. 4

SEP 5 - 1951

RECEIVED

FHE 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Glen Katz

Licensed Embalmer No. 3237

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.