No. 300
10.48

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

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39289

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10416

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis City
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo Pac Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East St Louis 8120
d. STREET ADDRESS (If rural, give location) 407 N. 18th St

3. NAME OF DECEASED (Type or Print)
a. (First) FRANK
b. (Middle) WILLIAM
c. (Last) KRENER

4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 51

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 9-15-1879

9. AGE (In years last birthday) 72
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY Terminal RR

11. BIRTHPLACE (State or foreign country) Charleston Mo

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Frank Krener

13b. MOTHER'S MAIDEN NAME Addie Goodwin

14. NAME OF HUSBAND OR WIFE Lena Krener

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. 7[illegible]10-[illegible]

17. INFORMANT'S SIGNATURE OR NAME Lena Krener ADDRESS

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) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 WKS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) MYOCARDIAL INFARCTION — 2 MO.

DUE TO (c) CORONARY ARTERY DISEASE — SEV. YEARS

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4301

22. *I hereby certify that I attended the deceased from* Nov. 13, 1951, *to* Nov. 21, 1951, *that I last saw the deceased alive on* Nov. 21, 1951, *and that death occurred at* 3:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE R B Hanson (Degree or title) MD

23b. ADDRESS 607 No. Grand

23c. DATE SIGNED 11-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify) C

24b. DATE Nov 2

24c. NAME OF CEMETERY OR CREMATORY Mt Hope

24d. LOCATION (City, town, or county) East St Louis (State) Ill

DATE REC'D BY LOCAL REG. Nov 23 1951

REGISTRAR'S SIGNATURE J. Earl Smith, M.D. K.P.

25. FUNERAL DIRECTOR'S SIGNATURE Chas. G. Kurrus ADDRESS East St Louis Ill

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.