

No. 300  
10.48

FILED MAR 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11434**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4463** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fenton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>77 TOWN Fenton</b>	
c. LENGTH OF STAY (In this place) <b>Unknown</b>		d. STREET ADDRESS (If rural, give location) <b>Saline Road, R. R. # 2,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saline Road, R. R. # 2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Karl</b> b. (Middle) <b>Fred</b> c. (Last) <b>Krai</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 15th, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 19th, 1883</b>	9. AGE (In years last birthday) <b>68</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Maintenance</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>
13a. FATHER'S NAME <b>Karl F. Krai</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Adler</b>		14. NAME OF HUSBAND OR WIFE <b>Late Louisa Krai nee Zimmermann</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 <b>Wilbur J. Krai, 6341 Rhodes Avenue</b>	

13a. FATHER'S NAME <b>Karl F. Krai</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Adler</b>		14. NAME OF HUSBAND OR WIFE <b>Late Louisa Krai nee Zimmermann</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 <b>Wilbur J. Krai, 6341 Rhodes Avenue</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arthritis Deformans</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>		
	DUE TO (c)		
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 <b>422.2</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>—</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>—</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>—</b>

22. I hereby certify that I attended the deceased from **1-1-**, 19**47**, to **1-15-**, 19**52**, that I last saw the deceased alive on **1-13-**, 19**52**, and that death occurred at **6:45A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. R. Pombe MD</b>	(Degree or title)	23b. ADDRESS <b>4390 West Pine</b>	23c. DATE SIGNED <b>1-15-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/17/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>

DATE REC'D BY LOCAL REG. <b>1-15-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Pombe MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>	ADDRESS <b>4828 Natural Bridge Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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SC

4390 West Pine St.  
No. 1340

**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 Kepp C. Lynders.....

Licensed Embalmer No. 4275.....

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.