

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29701

State File No. ....

FILED AUG 23 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. 1003 Registrar's No. 7414

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN St. Louis		a. STATE Missouri	b. COUNTY 2159
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4258 Louisiana		d. STREET ADDRESS (If rural, give location) 15 4258 Louisiana	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) G	c. (Last) Krumm	4. DATE OF DEATH	(Month) 8	(Day) 1	(Year) 52
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/6/88	9. AGE (In years last birthday)	64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Hoene-Craig	11. BIRTHPLACE (State or foreign country) St. Louis	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Krumm	13b. MOTHER'S MAIDEN NAME Marie Kauffman	14. NAME OF HUSBAND OR WIFE Adeline
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 492-10-7689	17. INFORMANT'S SIGNATURE OR NAME Adeline Krumm	ADDRESS 4258 Louisiana
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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		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Adenocarcinoma of cervix metastatic, source undetermined</i>		
	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.			

19a. DATE OF OPERATION 17 June 52	19b. MAJOR FINDINGS OF OPERATION Hosp. by Dr. Ruff. Allen findings as above	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1561
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22. I hereby certify that I attended the deceased from 11 June, 1952, to 1 Aug, 1952, that I last saw the deceased alive on 28 July, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE W. P. Holden, M.D.	(Degree or title)	23b. ADDRESS 3720 Washington Ber	23c. DATE SIGNED 1 Aug 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/4/52	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. AUG 2 1952	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Schumacher Funeral Home	ADDRESS 3013 Meramec
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(Licensed Embalmer's Statement on Reverse Side)

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

R F Nolden  
Beaumont Bldg.  
411

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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.....

*Jack Haupt*

Licensed Embalmer No. *4946*

P. O. Address *St Louis*

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.