

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40412

State File No. ....

10737

DEC 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2152	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) 15 4355 Neosho St.	

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) M.	c. (Last) KRENN	4. DATE OF DEATH (Month) (Day) (Year) Nov. 18 1952
--	-------------------	----------------	-----------------	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH June 25, 1901	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
------------------	---------------------------	---	-----------------------------------	---------------------------------------	---------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Maker-Wagner Electric Co.	10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
---	---	--	------------------------------

13a. FATHER'S NAME Mathew Krenn	13b. MOTHER'S MAIDEN NAME Clara Hanson	14. NAME OF HUSBAND OR WIFE Catherine N. Krenn
------------------------------------	---	---

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.	17. INFORMANT'S SIGNATURE OR NAME Catherine N. Krenn	ADDRESS 4355 Neosho St.
--	-------------------------	---	----------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Eradolus to the Brain</i>		INTERVAL BETWEEN ONSET AND DEATH  2-3 hours  24 hours  6-8 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Broncho pneumonia following surgery</i>		
	DUE TO (c) <i>Carcinoma of the sigmoid colon</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Phlebitis left iliac vein</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of sigmoid colon</i>	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  153X
---	--	---------------------------------------

22. I hereby certify that I attended the deceased from 11/11, 1952, to 11/18, 1952, that I last saw the deceased alive on 11/18, 1952, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Davis M.D.</i>	(Degree or title)	23b. ADDRESS 3805 So Broadway St. Louis, Mo.	23c. DATE SIGNED 11/21/52
--	-------------------	---	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. NOV 21 1952	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>	ADDRESS 4228 S. Kingshighway Bl
---	---	---	------------------------------------

50 (Licensed Embalmer's Statement on Reverse Side)

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

**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 Richard W. Storaas

Licensed Embalmer No. 4007

P. O. Address.....

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.