

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43572**
11559

No. 300
10-48

FILED JAN 10 1953

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 MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS	c. LENGTH OF STAY (In this place) 17 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL		d. STREET ADDRESS (If rural, give location) 3939 FILMORE	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) GABRIEL c. (Last) KREIN			4. DATE OF DEATH (Month) (Day) (Year) DEC. 14, 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 21, 1885	9. AGE (In years last birthday) 67	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) SHOE WORKER		10b. KIND OF BUSINESS OR INDUSTRY TOWN & COUNTRY SHOE		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.	
13a. FATHER'S NAME GABRIEL KREIN			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE BESS PLOWRIGHT KREIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 488-10-0797A	17. INFORMANT'S SIGNATURE OR NAME MRS. BESS P. KREIN ADDRESS 3939 FILMORE	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH 7 mo.
	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	19b. MAJOR FINDINGS OF OPERATION Very advanced Carcinoma of Stomach		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 151X	

22. I hereby certify that I attended the deceased from **Aug. 1, 1952**, to **Dec. 14, 1952** that I last saw the deceased alive on **Dec. 14, 1952**, and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph A. Mueller M.D.		23b. ADDRESS 2924 So. Grand	23c. DATE SIGNED 12-16-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-17-52	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.

DATE REC'D BY LOCAL REG. DEC 16 1952	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE MITTEL BERG FUNERAL HOME, INC. ADDRESS 73 W. LOCKWOOD AVE. WEB. GRO. MO.
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WRITE PLAINLY—USING UNFADEING 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.....

Albert G. Hayes

Licensed Embalmer No. *2971*

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.