

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11861

State File No. _____

No. 300
10-48

LED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2571**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings 4138	
c. LENGTH OF STAY (In this place) 4 Weeks		d. STREET ADDRESS (If rural, give location) 9200 Halla Berry Road, 21,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) FLORENCE a. (First) O. b. (Middle) KRONE c. (Last)			4. DATE OF DEATH March 5th, 1953 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 3rd, 1906		9. AGE (In years last birthday) 47		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John H. Kirchhoefer		13b. MOTHER'S MAIDEN NAME Martha Voelker		14. NAME OF HUSBAND OR WIFE Lester H. Krone	
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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. None		17. INFORMANT'S SIGNATURE OR NAME Lester H. Krone, Sr., ADDRESS 9200 Halla Berry Rd.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Arteriosclerosis (Malignant hypertension) ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 3 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 <input checked="" type="checkbox"/> NO <input 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? 442X
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:45Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bookle Edith M.D.		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED Mar. 7, 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/9/53		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. MAR 9 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, ADDRESS 4828 Natural Bridge Blvd	
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(Licensed Embalmer's Statement on Reverse Side)

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

