

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27198

State File No.

487 21
FILED AUG 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2007

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hts.</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>	c. CITY OR TOWN <u>Affton 4810</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>6924 Foxcroft Dr.</u>		
3. NAME OF DECEASED a. (First) <u>PATRICIA</u> b. (Middle) <u>ANN</u> c. (Last) <u>KRULL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 17, 1953</u>	9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>3</u>	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Hts. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph H. Krull</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy L. Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph H. Krull 6924 Foxcroft Dr.</u>			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Margolinia - Congestive cardiac disease</u> 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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>3254</u> YES <input 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?		
22. I hereby certify that I attended the deceased from <u>7:00 AM</u> , 19 <u>53</u> , to <u>6:00 PM</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7/20/53</u> , 19 <u>53</u> , and that death occurred at <u>6:00 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. J. ... M.D.</u>			23b. ADDRESS <u>St. Louis, Mo.</u>		23c. DATE SIGNED <u>7/28/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 21, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-21-53</u>	REGISTRAR'S SIGNATURE <u>Nesbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>		

1:30-4
sic

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.....
Signature of Student Embalmer

Signed *William D. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *5228 S. Kingsley*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.