

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34571**

FILED OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2296

1. PLACE OF DEATH a. COUNTY St. Louis		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 Pine Lawn, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn 4161	
c. LENGTH OF STAY (In this place) 5 Years		d. STREET ADDRESS (If rural, give location) 6233 Stillwell Drive.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6233 Stillwell Drive			

3. NAME OF DECEASED (Type or Print) Lula (Lulu)	a. (First)	b. (Middle)	c. (Last) Krual	4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 23, 1889	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Petersburg, Illinois, /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John E. Clemens	13b. MOTHER'S MAIDEN NAME Ida Carman	14. NAME OF HUSBAND OR WIFE Mr. Walter T. Krual
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Walter T. Krual, 6233 Stillwell Drive
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 MIN. UNKNOWN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY SCLEROSIS 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 420)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/22 1951, to 8/24 1953, that I last saw the deceased alive on 3/31 1953 and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Bauer M.D.	(Degree or title)	23b. ADDRESS 3731 GOODFELLOW	23c. DATE SIGNED 8/25/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-27-1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Normandy, Mo.
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DATE REC'D BY LOCAL REG. 8-25-53	REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc.	ADDRESS 2161 E. Fair Ave.
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52 (Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

3737

J. Lewis

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.