

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9091

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION 3322 Ohio Av

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis
 d. STREET ADDRESS (If rural, give location) 2240 3322 Ohio Av

3. NAME OF DECEASED
 (Type or Print) a. (First) Frank b. (Middle) _____ c. (Last) Krutisch

4. DATE OF DEATH (Month) (Day) (Year)
Oct 6 1954

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 6 1879

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 WKS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler

10b. KIND OF BUSINESS OR INDUSTRY Brewery

11. BIRTHPLACE (State or foreign country) St Louis Mo.

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Frank Krutisch

13b. MOTHER'S MAIDEN NAME Josephine Meyer

14. NAME OF HUSBAND OR WIFE Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Krutisch 3322 Ohio Av

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
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Arterial sclerosis
 DUE TO (c) Hypertension
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. had deep vein in 1951

INTERVAL BETWEEN ONSET AND DEATH
10 min
3 yrs.
4 yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from Jan 1, 1951, to 10-6, 1954, that I last saw the deceased alive on 10-5, 1954, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE L. F. Murray M.D. (Degree or title)

23b. ADDRESS 605-A-Russell Blvd

23c. DATE SIGNED 10-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10/9/54

24c. NAME OF CEMETERY OR CREMATORY New St Marcus Cemetery

24d. LOCATION (City, town, or county) (State) St Louis County Mo.

DATE REC'D BY LOCAL REG. OCT 7 1954

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av

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 Remond K. Pohnman

Licensed Embalmer No. 3395

P. O. Address St. Louis 4 Mo.

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.