

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38950

State File No.

FILED NOV 22 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10171

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| 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) 30 yrs | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5338 Vernon Ave. | | e. STREET ADDRESS (If rural, give location) 5338 Vernon Ave | |
| 3. NAME OF DECEASED (Type or Print) KATHERINE | | a. (First) | b. (Middle) |
| | | c. (Last) KRONSBAIN. | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1954 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. | 8. DATE OF BIRTH July 7, 1879. |
| 9. AGE (In years last birthday) 75. | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.. | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeper. | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. |
| 12. CITIZEN OF WHAT COUNTRY? USA | 13a. FATHER'S NAME Henry Kronsbein. | 13b. MOTHER'S MAIDEN NAME Katherine Fischer. | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | 16. SOCIAL SECURITY NO. None. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Agnes C. Kronsbein, #5338 Vernon Ave., | |
| 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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis 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 | | 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 331X | |
| 22. I hereby certify that I attended the deceased from Jan 16, 1954, to 11-8, 1954 that I last saw the deceased alive on 10-6, 1954, and that death occurred at 5 P.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Michael M. Karl, M.D. | | 23b. ADDRESS 4652 Maryland | 23c. DATE SIGNED 11-9-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.. | 24b. DATE 11/11/54. | 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery. | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo., |
| DATE REC'D BY LOCAL REG. NOV 9 1954 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd., | |

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.....
Signature of Student Embalmer

Signed *Clarence H. Murra*.....

Licensed Embalmer No. *4011*.....

P. O. Address *St. Louis*.....

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.