

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27870
State File No.
7183
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7183	
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 township) ST. LOUIS Mo		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		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 2644 OREGON				e. STREET ADDRESS (If rural, give location) 23 2644 OREGON			
3. NAME OF DECEASED a. (First) MARGARETTA			b. (Middle) _____			c. (Last) KRALL	
4. DATE OF DEATH (Month) (Day) (Year) AUG. 15 1955		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOW	
8. DATE OF BIRTH APRIL 9 1865		9. AGE (in years last birthday) 90		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) YUGO SLAVIA		12. CITIZEN OF WHAT COUNTRY? YUGOSLAVIA	
13a. FATHER'S NAME JOSEPH KRIA		13b. MOTHER'S MAIDEN NAME ELIZABETH KIPPER		14. NAME OF HUSBAND OR WIFE NICHOLAS KRALL (DECD)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARIE KUHN 2644 OREGON			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH 8 yrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Senility					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 420.0 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.) St Louis		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Mo			
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 Aug 12 , 19 55 , to Aug 14 , 19 55 , that I last saw the deceased alive on Aug 14 , 19 55 , and that death occurred at 7 A m., from the causes and on the date stated above.							
23a. SIGNATURE Max Stubbly MD (Degree or title) _____				23b. ADDRESS 572 D South		23c. DATE SIGNED 8/16/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG. 18 1955		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
DATE REC'D BY LOCAL REG. AUG 17 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutus 2906 Gracoin			

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

12-3 PM
512 Bowen Pl.
St. Louis, Mo.
923-1706

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.....
Licensed Embalmer No. 39
St. Louis, Mo.
P. O. Address.....

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.