

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32187

STATE FILE NUMBER

FILED SEP 26 1956

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8333

300
1-56

| | | | | | |
|--|---------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | |
| - b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital | | | Length of stay in lb tal #1 | | d. STREET ADDRESS (If outside, give location) 215 No. Sarah St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Amelia Middle Louise Last Krumm | | | 4. DATE OF DEATH Month Day Year September 8, 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10/8/1899 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months Days Hours Min. |
| 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 country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Henry Rheinheimer | | | 14. MOTHER'S MAIDEN NAME U.K. | | |
| 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. none | | 17. INFORMANT Address George Krumm 215 N. Sarah St. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> DUE TO (b) <i>Multiple previous cerebrovascular accidents</i> <i>General + Pt. Trochanteric decubiti</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) (1) <i>Left femoral arterial occlusion with dry gangrene left foot</i> (2) <i>Left femoral arterial occlusion with dry gangrene left foot</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X | | |
| 20c. TIME OF INJURY Hour: Month, Day, Year a. m. p. m. | | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION 4444 | | 20g. COUNTY STATE | |
| 21. I attended the deceased from 6-27-56 to 9-8-56 and last saw her alive on 9-8-56 Death occurred at 3:10a m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Edwin H. Humekamp M.D. | | | 22b. ADDRESS 1515 Lafayette | | 22c. DATE SIGNED 9-8-56 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/11/1956 | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gardens | | 23d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
| 24. FUNERAL DIRECTOR Arthur J. Howell | | 25. DATE RECD. BY LOCAL REG. 3840 Lindell Blvd. | | 26. REGISTRAR'S SIGNATURE Paul Smith MO m83 | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

SEP 10 1956

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 *Francis Williams*.....

Licensed Embalmer No. *38*.....

P. O. Address *3840*.....

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.