

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44846**

FILED JAN 20 1957

BIRTH NO. **97431-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10706**

1. PLACE OF DEATH a. COUNTY		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 St. Louis, Missouri		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Evangelical Deaconess Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis UNIVERSITY CITY	
d. STREET ADDRESS (If rural, give location) 6429 Raywood Ave.		3. NAME OF DECEASED a. (First) BERNARD ANTHONY b. (Middle) KRACHENBERG c. (Last)	
DATE OF DEATH 11-21-56		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
5. SEX Male		6. COLOR OR RACE White	
8. DATE OF BIRTH 11-21-56		9. AGE (In years last birthday) 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. COUNTRY OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bernard Krachenberg		13b. MOTHER'S MAIDEN NAME Galfi, MARY ANN	
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 Mary Krachenberg ADDRESS 6429 Raywood	
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) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Polyhydramnios DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7730	
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?	
22. I hereby certify that I attended the deceased from 11-21-56 , 1956, to 11-21-56 , 1956, that I last saw the deceased alive on 11-21-56 , 1956, and that death occurred at 2:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank J. Robertson, M.D.		23b. ADDRESS 634 W. Strand Ave.	
23c. DATE SIGNED 11-22-56		24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	
24b. DATE 11/23/56		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons ADDRESS 7027 Grand	
DATE REC'D BY LOCAL REG. NOV 23 1956		REGISTRAR'S SIGNATURE Paul Smith	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

No Embalming

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *E. A. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7127 Graves*

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.