Health, Welfare Public Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SL 13008

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10568

STATE FILE NUMBER 2544

FILED APR 12 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes X No ☐	c. CITY OR TOWN ST. LOUIS — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 35 VETS. ADM. HOSP 0 — Length of stay in Ib 4 DAYS 2 15	d. STREET ADDRESS (If outside, give location) 5010 GERRITT — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First EDWARD	Middle LAWRENCE	0 Last KREYSAR	4. DATE OF DEATH	Month 3 Day 13 Year 57
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH 5-4-18	9. AGE (In years last birthday) 38	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) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOHN KREYSAR		14. MOTHER'S MAIDEN NAME MARY DVORAK			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war or dates of service) WW II		16. SOCIAL SECURITY NO. 498-03-0741	17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PULMONARY EDEMA	UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ACUTE TRACHEOBRONCHITIS	UNKNOWN
DUE TO (c)	✓ PORTAL CIRRHOSIS	UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5810

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY	Hour, a. m. p. m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK ☐	NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I/VA attended the deceased from 3-9-57, to 3-13-57 and last saw ~~it~~ him alive on 3-13-57. Death occurred at 5:30 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Julien Bahr JULIEN BAHR	(Degree or title) 0 M. D.	22b. ADDRESS VAH, St. Louis, Missouri	22c. DATE SIGNED 3-13-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/15/57	23c. NAME OF CEMETERY OR CREMATORY Ressurrection Cem.	23d. LOCATION (City, town, or county) St. Louis Co. (State) LMo
24. FUNERAL DIRECTOR Edward Fendler	ADDRESS 5611 South Grand Blvd.	25. DATE RECD. BY LOCAL REG. MAR 14 '57	26. REGISTRAR'S SIGNATURE Earl Smith MD MPB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Harry J. Schumacher

Licensed Embalmer No. 267

P. O. Address 5641 S. Gar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.