

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16666

State File No.

FILED JUN 3 1957

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WASHINGTON</u>		c. LENGTH OF STAY (If in place) <u>1 DAY</u>	c. CITY OR TOWN <u>HERMANN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP</u>		STREET ADDRESS <u>0371</u> (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u>		b. (Middle)	c. (Last) <u>KRENTZMAN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27 1957</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JULY 30, 1882</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>POLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>ABRAHAM FRIEDMAN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>HERBERT PICKELL - RT. I</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <u>CHESTERFIELD MO</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Thrombotic L. femoral vein</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>15' X</u>	
20. AUTOPSY? <u>2</u> 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) m.		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 <u>12-1, 1957</u> , to <u>5-27, 1957</u> , that I last saw the deceased alive on <u>5-26, 1957</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Carol T. Shaw, M.D.</u> (Degree or title)		23b. ADDRESS <u>Hermann, Mo</u>	
23c. DATE SIGNED <u>5-27-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>5/29/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHESED SHEL EMETH CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HERMAN RINDSKOPF INC</u>	
DATE REC'D BY LOCAL REG. <u>May 27, 1957</u>		REGISTRAR'S SIGNATURE <u>JR & J. Schumann</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>HERMAN RINDSKOPF INC</u>		ADDRESS <u>5216 DELMAR ST. LOUIS MO.</u>	

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

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JUN 13 1951

13 2 1951 (11) 11:00 AM

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 *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

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.

1951 JUN 13