

FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER  
83757  
8786

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 Mo. b. COUNTY St. Louis		
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 Carsonville 4090		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Length of stay in lb 11 days	d. STREET ADDRESS (If outside, give location) 8718 Weldon Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lena Kronmueller			4. DATE OF DEATH Month Day Year 9 16 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 16, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY (Home)		11. BIRTHPLACE (City and state or country) Switzerland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown Blattner			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Wm. Kronmueller, 8718 Weldon Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u> DUE TO (b) <u>Atherosclerotic Vascular Disease</u> DUE TO (c) <u>old age</u> 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) <u>Fracture of hip - Pulmonary embolism</u>					INTERVAL BETWEEN ONSET AND DEATH ab 1 1/2 years.
20a. ACCIDENT <input checked="" 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.) <u>Fell out of bed down floor</u>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <u>Sept 6 57</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St Louis</u> <u>Mo</u> <u>140</u>	
21. I attended the deceased from <u>12:00</u> <u>9-6-57</u> to <u>9-16-57</u> and last saw her alive on <u>9-16-57</u> Death occurred at _____ p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>DePaul</u>			22b. ADDRESS <u>216 Hall Bldg</u>		22c. DATE SIGNED <u>9-17-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE <u>9/19/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
24. FUNERAL DIRECTOR <u>Drehmann-Harral</u>		ADDRESS <u>1905 Union</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 19 57</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

diseases in Part I must be causally related.

Dr. Alex Harell  
3903 Olive St.  
216 Wall Bldg.

Fr. 1-6128

Hrs: 2:30 Tues.

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 *Albert D. Thompson*

Licensed Embalmer No. 4

P. O. Address *St. D.*

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