

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38603

STATE FILE NUMBER

FILED OCT 18 1957

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2297

Health,  
& Welfare  
Public  
Service

\$ 300  
V. 11-56

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>          </u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>33 INSTITUTION St. Mary's Hospital</u>		Length of stay in lb <u>5 days</u>	d. STREET ADDRESS (If outside, give location) <u>16 3223 Pestalozzi St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Deborah</u> Middle <u>Ann</u> Last <u>Krumm</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>16,</u> Year <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 11, 1957</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> Hours <u>          </u> Min. <u>          </u>	IF UNDER 24 HRS. Hours <u>          </u> Min. <u>          </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None - Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Richmond Heights, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Charles R. Krumm</u>	
14. MOTHER'S MAIDEN NAME <u>Ursula Rieley</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Charles R. Krumm</u> Address <u>3223 Pestalozzi St. St. Louis, Mo.</u>	
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>Erythroblastosis Fatalis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Rh incompatibility</u> DUE TO (c) <u>7700</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
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.)	
20c. TIME OF INJURY Hour <u>          </u> Month <u>          </u> Day <u>          </u> Year <u>          </u> a. m. <u>          </u> p. m. <u>          </u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <u>Sept 12</u> to <u>Sept 16th</u> and last saw her <u>him</u> alive on <u>Sept 16, 1957</u> Death occurred at <u>3:50 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Seymour Schlenker M.D.</u>		22b. ADDRESS <u>3734 Jennings Rd.</u>	22c. DATE SIGNED <u>9-17-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-18-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>		24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary</u> ADDRESS <u>2842 Meramec St. St. Louis, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>9-17-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Donke MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

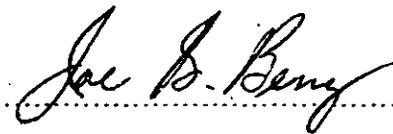
22

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 .....



Licensed Embalmer No. 4849  
2842 Meramec St.  
P. O. Address St. Louis, M

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.