

t. Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42230
FILE NUMBER
11511
Registrar's No.

FILED DEC 13 1957

Registration District No. 318 Primary Registration District No. 1003

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Enroute City Hosp.		d. STREET ADDRESS 216 3166 S. Compton Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last BLANCHE H. KRENNING		4. DATE OF DEATH Month Day Year Nov. 30 1957	
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 Dec. 25, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Smoke Commissioner-City of St. Louis		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Anton Hasek		13b. MOTHER'S MAIDEN NAME Catherine Ujka	14. NAME OF HUSBAND OR WIFE Late Reid H. Krenning
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 488-03-0473	17. INFORMANT Address Reid H. Krenning Jr. 4123 Eichelberger
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cervical Dislocation with Cord Injury</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the immediate cause of death or to conditions which were not related to the death.) <i>Car operated by deceased</i> <i>as described on INJURY OCCURRED (Enter date and time of injury in PART I.)</i> <i>at 818 p.m. on 11/30/57</i> <i>at 3166 S. Compton Ave., about 8:18 p.m. November 30 1957.</i>			WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. TIME OF INJURY Hour Month, Day, Year 818 p.m. 11 30 57		
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 16 Street	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY STATE Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James E. Myler</i> (Degree or title) 3		22b. ADDRESS 1300 Elm	22c. DATE SIGNED 12/3/57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Dec. 4, 1957	23c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. DEC 2 '57	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> M. J. B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Erinn A. M. Acworth*.....

Licensed Embalmer No. *3024*.....

P. O. Address.....

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.