

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

58-011893

State File No. ....

FILED MAR 27 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. ....

Registrar's No. 2700

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. ....		Registrar's No. 2700	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>7 yrs. 3 mo.</i>		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <i>26 HOSPITAL OR INSTITUTION St. Louis Chronic</i>				e. STREET ADDRESS (If rural, give location) <i>2139 5800 Arsenal St.</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Blanche</i>		b. (Middle)		c. (Last) <i>Kroenung</i>	
5. SEX <i>female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW 2</i>		8. DATE OF BIRTH <i>1-15-81</i>	
9. AGE (In years last birthday) <i>77</i>		IF UNDER 1 YEAR Months Days Hours Min.		4. DATE OF DEATH <i>3-2-58</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unknown</i>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>James Kirby</i>	
13b. MOTHER'S MAIDEN NAME <i>Catherine Conklin</i>		14. NAME OF HUSBAND OR WIFE <i>--</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Marie Rothwell</i>				ADDRESS <i>2331 Mullanphy St.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Haemopericardium</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Rupture of Left Ventricle</i> DUE TO (c) <i>Ac. Post. Myocardial Infarct.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerotic H.T. Dis.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>1 day</i> <i>4 days</i> <i>8 yrs.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>+201</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 <i>11-30-50</i> , 19___, to <i>3-2-58</i> , 19___, that I last saw the deceased alive on <i>3-2-58</i> , 19___, and that death occurred at <i>1:40pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>John W. Beckham, M.D.</i>		(Degree or title)		23b. ADDRESS <i>5800 Arsenal St.</i>		23c. DATE SIGNED <i>3/4/58</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>3-6-58</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>MAR 6 58</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Cullen &amp; Kelly</i>		ADDRESS <i>7267 Natural Bridge</i>	

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

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed James A. Lamme  
Licensed Embalmer No. 414

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.