

FILED VS NOV 1 0 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10652 STATE FILE NUMBER 60-039912

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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                    |  | Length of stay in 1b<br><u>1 Day</u>  | c. CITY OR TOWN <u>Affton</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>New Faith Hospital</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>9517 Brenda Ave.</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Minnie</u> Middle <u>A.</u> Last <u>Krewet</u> |  |  | 4. DATE OF DEATH<br>Month <u>11</u> Day <u>1</u> Year <u>1960</u> |  |
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|-------------------------|----------------------------------|--|------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>9/26/86</u> | 9. AGE (last birthday)<br><u>74</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|-------------------------|----------------------------------|--|------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u> | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Charles Krewet</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Minnie Vogel</u> | 14. NAME OF HUSBAND OR WIFE<br><u>-</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address<br><u>Mrs. Marie T. Wich, 9517 Brenda</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u> |                                     | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 DAY</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>ARTERIO SCLEROSIS</u> |  |
|  | DUE TO (c) <u>331A</u>              |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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.) |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from <u>JAN 10, 1958</u> to <u>MAY 4, 1960</u> and last saw her <u>alive</u> on <u>MAY 4, 1960</u><br>Death occurred at <u>7:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE (Degree or title)<br><u>David O. White M.D.</u> | 22b. ADDRESS<br><u>2100 Hudson St.</u> | 22c. DATE SIGNED<br><u>11-1-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 23b. DATE<br><u>11/4/60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><u>Drehmann-Harral, 1905 Union Blvd.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>NOV 3 1960</u> | 26. REGISTRAR'S SIGNATURE<br><u>Dean Smith, M.D.</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2100 HANSON  
DRIVE  
UN 7-3278  
HRB. 1-5 PM

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4257

P. O. Address St. Louis

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