RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10462 STATE FILE NUMBER -60-039915

IDED

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 Mo | Length of stay in 1b

c. CITY OR TOWN ST. LOUIS | Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN Hosp. | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2011 WITHNELL | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First RAYMOND Middle J. Last KRUMM

4. DATE OF DEATH Month OCT. Day 26 Year 1960

5. SEX MAle

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH SEPT 15 1925

9. AGE (last birthday) 35 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIRE FIGHTER

10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS FIRE DEPT.

11. BIRTHPLACE (City and state or country) ST. LOUIS Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HENRY KRUMM

13b. MOTHER'S MAIDEN NAME MELANIE BUCHER

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES | (If yes, give war or dates of service) WAR II

16. SOCIAL SECURITY NO. 495-26-5381

17. INFORMANT WILLIAM J. KRUMM Address 2011 WITHNELL

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) THYMOMA "Carcinoma of THYMUS GLAND | INTERVAL BETWEEN ONSET AND DEATH ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 1952

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 12-1960, to October 26-60 and last saw her/him alive on October 26 · 1960

Death occurred at 7:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Julius Chas Rotter M.D.

22b. ADDRESS 2603 Cherokee St

22c. DATE SIGNED 10-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE OCT. 29 1960

23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.

23d. LOCATION (City, town, or county) (State) ST. LOUIS Co. Mo.

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Geraldine

25. DATE RECD. BY LOCAL REG. OCT 28 1960

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____ Signed Eleanor Prince

Signature of Student Embalmer

Licensed Embalmer No. 3403

P. O. Address 2906 Gra

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