RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

JAN 9 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12177 -60-047657 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, — Length of stay in 1b	c. CITY OR TOWN St. Louis, — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pronounced dead at St. Louis City Hospital — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 4548 Varrelman Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Henry	Middle: J.	Last: Krekel	4. DATE OF DEATH	Month Day Year: December 17, 1960.
5. SEX: Male	6. COLOR OR RACE: White	7. Married XX Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 6/10/1894	9. AGE (last birthday): 66	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): Printer	10b. KIND OF BUSINESS OR INDUSTRY: Retired 1 yr.	11. BIRTHPLACE (City and state or country): St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Henry J. Krekel Sr.	13b. MOTHER'S MAIDEN NAME: Katherine Krekel	14. NAME OF HUSBAND OR WIFE: Gertrude Krekel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. 1	16. SOCIAL SECURITY NO.: 494-10-4751	17. INFORMANT: Mrs. Gertrude Krekel	Address: 4548 Varrelman Ave.		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Embolism	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	C.M. Myocarditis - Auricular Fibrillation	3 year
DUE TO (c)	Mitral Endocarditis	9 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis 410X

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 ☐ No accident

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: none

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 Sept. 8, 1949, to Dec. 17, 1960 and last saw her/him alive on Nov. 29, 1960. Death occurred at 2:15 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jno Chlumbe B.G. M.D.	22b. ADDRESS: 2767 Gravois St Louis	22c. DATE SIGNED: 12-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Dec. 21, 1960	23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.		
24. FUNERAL DIRECTOR: Gebken-Benz Mortuary	ADDRESS: 2842 Meramec St. St. Louis, 18, Mo.	25. DATE RECD. BY LOCAL REG.: DEC 19 1960
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.		

DOCUMENT

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No._____

P. O. Address 2842 Meramec St
St. Louis, 18

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