

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-017848

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4681

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH MAY 9 1963
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY
c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 3949 MC DONALD Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
CATHERINE KRENN APRIL 27 1963

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH OCT 27 1894 9. AGE (last birthday) 68 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ST. LOUIS MO. 12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME DENNIS DIVVER 13b. MOTHER'S MAIDEN NAME CATHERINE RYAN 14. NAME OF HUSBAND OR WIFE ROBERT KRENN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT WILFRED KRENN 3949 MC DONALD Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Slight Cerebrovascular Accident 1 day.
DUE TO (b) Arteriosclerotic Heart Disease 4 years
DUE TO (c) 4200

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 11/23/54 to 4/27/63 and last saw her alive on 4/27/63
Death occurred at 830 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter Gann (Degree or title) 22b. ADDRESS 4617 Dahlen Ave 22c. DATE SIGNED 4/29/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE APR 30 1963 23c. NAME OF CEMETERY OR CREMATORY PARK LAWN CEM. 23d. LOCATION (City, town, or county) ST. LOUIS CO. MO.

24. GENERAL DIRECTOR Thomas Kuttie 2906 Gravois ADDRESS 25. DATE RECD. BY LOCAL REG. APR 30 1963 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
INSTEAD OF
SHOULD READ

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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Myrtle

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.

Dr. Herman
Walter
4617 DAKOTA
PR 2-21-20
1-6 Men.