

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19439

State File No. \_\_\_\_\_

Registration District No. 273

Primary Registration District No. 6018A

Registrar's No. 112

94

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

**1. PLACE OF DEATH:**  
 (a) County St. Francois *St. Francois*  
 (b) City or town Farmington  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
State Hospital # 4 3  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 29 days  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo.  
 (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5620 Delor St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Johanna Crecelius 624  
 (b) If veteran, name war None  
 (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 31st  
 year 1940 hour 7 minute 40 A M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Late Louis Crecelius  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 31st 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-2, 1940, to 5-31, 1940;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>0</u>	hr. _____ min.

Immediate cause of death Acute Decompensation of Heart (Heart Failure)  
 Due to Chronic Myocarditis with Coronary Sclerosis  
 Due to Arteriosclerosis, generalized

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)  
 10. Usual occupation H.W.K. 6

Other conditions Depression with Cerebral Arteriosclerosis  
(Include pregnancy within 3 months of death)  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
March 15 1940

11. Industry or business \_\_\_\_\_  
 { 12. Name Louis Gintz 6  
 13. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Johanna Beyes  
 15. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations None 93C  
 Of autopsy No

16. (a) Informant Mildred Flamme  
 (b) Address 5620 Delor St.  
 17. (a) Burial (b) Date thereof 6-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sunset Burial Park

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
L.A.A.

18. (a) Signature of funeral director Kriegshauser Mortuary  
4228 So. Kingshighway  
 (b) Address \_\_\_\_\_  
 19. (a) May 31-40 (b) C. J. Robinson  
(Date received local registrar) (Registrar's signature)

23. Signature C. C. Ault (M. D. or other) M.D.  
 Address Farmington, Mo. Date signed 6/3/40

*Faint handwritten notes, possibly including a name and address, mostly illegible.*

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Edwin M. Germain*

Licensed Embalmer No. *3024*

P. O. Address .....

**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 this body is not embalmed, above space should be left blank.**