DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FEB 25 1941

Registration District No. 1

Primary Registration District No. 1003

State File No. 536

Registrar's No. 536

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town Saint Louis, 1716
(If outside city or town limits, write "RURAL")

(d) Street No. 3420-A Miami Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Carl D. Krekel,

3. (b) If veteran, name war

3. (c) Social Security No. 498-01-6307

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Frieda Krekel

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May (Month) 19th, (Day) 1892. (Year)

8. AGE: Years 48 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Moulder

11. Industry or business

FATHER
12. Name Henry Krekel
13. Birthplace Unknown (City, town, or county) / Michigan (State or foreign country)

MOTHER
14. Maiden name Emma Klein.
15. Birthplace Unknown (City, town, or county) / Illinois. (State or foreign country)

16. (a) Informant's own signature Frieda Krekel
(b) Address 3420-A Miami Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Churchyard.

18. (a) Signature of funeral director Ziegenheim Bros.
(b) Address 2623 Cherokee Street.

19. (a) JAN 18 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th, year 1941. hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan. 14, 1941, to Jan. 16, 1941, that I last saw him alive on Jan. 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Streptococcic Lobar Pneumonia	2 days
Acute Streptococcic Pleurisy	2 days
Due to Streptococcic Infection	
Due to (no Pneumonia Germs found)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. M. Kinner (M. D. or other)
Address 3014 S. Jefferson Date signed Jan 17/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 V E Morris

Licensed Embalmer No. 3360

P. O. Address #2623 Cherish

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.