

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 10 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town..... Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 23 Lee Ave.
U.R. (If rural, give location)
(e) Citizen of foreign country?..... no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY MARGARET KRAPFEL
3. (b) If veteran, name war..... 3. (c) Social Security No. None
4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Albert Andrew Krapfel 6. (c) Age of husband or wife if alive..... 59 years
7. Birth date of deceased January 5 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14
year 1948 hour 2 minutes 50 P.M.
21. I hereby certify that I attended the deceased from April 7 1948 to April 14 1948
that I last saw h. or alive on April 14 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 3 9 hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 3 hours
Due to Chronic arterial hypertension 5 yrs
Due to.....

9. Birthplace Darlington Wisc.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 82
Major findings: Of operations.....
Of autopsy.....

11. Industry or business.....
12. Name Patrick Bradley
13. Birthplace Darlington Wisc.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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?
While at work (Specify type of place) (a) Means of injury..... 2

16. (a) Informant George J. Krapfel
(b) Address 23 Lee Ave, Clayton, Mo
17. (a) Burial (b) Date thereof Apr. 17 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director Walter Borden, Fulton
(b) Address 6536 Clayton Rd
19. (a) APR 16 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

23. Signature Robert H. Mesdian D. or other Dr.
Address 2300 Central Clayton Mo Date signed 4/15/48

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

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 ⁹ *Justin W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address. *St Louis Mo*

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, fact should be so stated above.