No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6450

BIRTH NO FILED MAR 5 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1377

1. PLACE OF DEATH

a. COUNTY St Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo

c. LENGTH OF STAY (in this place) 2 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital Maternity Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE Mo

b. COUNTY St Louis

c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves Mo

c. STREET ADDRESS (If rural, give location) 434 Honeysuckle Lane

4601 1

3. NAME OF DECEASED (Type or Print)

a. (First) SADIE b. (Middle) c. (Last) KRODINGER

4. DATE OF DEATH (Month) Feb (Day) 11 (Year) 1954

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Jan 6 1893	61	1	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bonne Terre Mo	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Eli Thomure	Mary Cubberson	Alois Krodinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
No	None	Alois Krodinger 434 Honeysuckle L

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) cerebral Hemorrhage 3½ m.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		331X

22. *I hereby certify that I attended the deceased from* June, 1953, *to* Feb. 11, 1954, *that I last saw the deceased alive on* Feb. 10, 1954, *and that death occurred at* 4:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. J. Vollmer Jr MD	5210 Big Bend	2/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 15-1954	Resurrection Cem	St Louis City Mo

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
FEB 13 1954	J Carl Smith MD	W H McKeag 6536 Clayton Rd

(Licensed Embalmer's Statement on Reverse Side) Rich Hill Mo

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 .....
Student Embalmer

Signed: Albert F. Lakey

Licensed Embalmer No. 5971

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, fact should be so stated above.