

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027822

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2029  
AUG 11 1958

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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Crestwood</u>                 | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Crestwood</u>   | 4000<br>0<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1014 Elvado Dr.</u> |  | Length of stay in lb<br><u>8 Yrs.</u>  | d. STREET ADDRESS (If outside, give location)<br><u>1014 Elvado Dr.</u>                           |
|   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |

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|---|------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>JOHN</u> Middle <u>R.</u> Last <u>KREKEL</u>                                |                              |   | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>31</u> Year <u>1958</u> |   |   |
| 5. SEX<br><u>M</u>  | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5-3-1895</u>                                  | 9. AGE (In years last birthday)<br><u>63</u>                  | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Millwright Supervisor</u> |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Steel</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Farmington, Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                    |
| 13a. FATHER'S NAME<br><u>Alfred Scott Krekel</u>  |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Marie Sevensing</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Nettie Schneider Krekel</u> |   |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>190-01-1202</u> | 17. INFORMANT<br><u>Nettie Krekel,</u><br>Address <u>above</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>coronary thrombosis</u>          |                  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.  | DUE TO (b) _____ | <u>4201</u>   |
|  | DUE TO (c) _____ |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>myocardial heart disease</u> |                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   |  |

|  |  |  |                            |                     |
|--|--|--|----------------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><u>St. Louis</u> | COUNTY<br><u>St. Louis</u> | STATE<br><u>Mo.</u> |
| 21. I attended the deceased from <u>7-15-58</u> to <u>7-31-58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>7-29-58</u><br>Death occurred at <u>2:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |                            |                     |

|                                       |                                |                                      |                                   |
|---------------------------------------|--------------------------------|--------------------------------------|-----------------------------------|
| 22a. SIGNATURE<br><u>E. J. Vallon</u> | (Degree or title)<br><u>MD</u> | 22b. ADDRESS<br><u>5320 Big Bend</u> | 22c. DATE SIGNED<br><u>8-1-58</u> |
|---------------------------------------|--------------------------------|--------------------------------------|-----------------------------------|

|  |                            |  |  |
|--|----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>8-2-58</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Hill Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co., Mo.</u> |
|--|----------------------------|--|--|

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| 24. FUNERAL DIRECTOR<br><u>JAY B. SMITH, Maplewood, Mo.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><u>8-1-58</u> | 26. REGISTRAR'S SIGNATURE<br><u>Herbert R. Dombé M.D.</u> |
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health, Welfare, Public service, 300, -57, All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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. P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.