22 1928

WRITE PLAINLY, WITH UNFADING INK. THIS IS 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34715

1. PLACE OF DEATH ST. LOUIS
County
Township ... DENTELLE
City St. Louis (No. County, Mo. St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 G

File No.
Registered No. 352

2. FULL NAME Rose Krieger
(a) Residence. No. 5142 Hoeger St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18-1887

7. AGE: Years 41 | Months 3 | Days — | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) St Louis Coffin Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Joseph J. Krieger
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Dorothea Lechner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. C. J. Crowell
(Address) 5142 Hoeger Rd.

15. FILED Oct 19, 1928 L. C. Obrock M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 13th, 1928, to Oct. 18th, 1928, that I last saw h. alive on Oct. 17th, 1928, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

107H (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

100d

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
Did an operation precede death? No. Date of —
Was there an autopsy? no
What test confirmed diagnosis? —

(Signed) Paul Upshaw, M. D.
Oct. 19, 1928. (Address) 3115 Se. Grand

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter - Paul Cemetery
DATE OF BURIAL Oct 22 1928

20. UNDERTAKER H. H. Gerken Funeral Dir. Co.
ADDRESS 2630 Gravois

Dr Paul Upshaw 3115 S Grand Ave
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