

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

Do not use this space.

26538

1. PLACE OF DEATH

County.....

Registration District No. 791
1002

File No. _____
Registered No. 7691

Township.....

Primary Registration District No. _____
City St. Louis, Mo. St. Louis, Mo. 5000 S. Kingshighway (City, Ward)

2. FULL NAME

Kathleen Kriest
(a) Residence, No. 2856 Lombank 6 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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July - 1 - 25

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
6	0	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). -
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

10. NAME OF FATHER

John Kriest

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Gene Carney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

14.

INFORMANT.....
(Address) 5000 S. Kingshighway

15.

FILED 10 1931 New Central REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-9-1931

17. HEREBY CERTIFY, That I attended deceased from
July 8 - 1931 to July 9 - 1931
that I last saw her alive on July 9, 1931, and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria with paralytic Heart Block.

10 (duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at Home

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Celest F. Hartmann, M. D.

7/9 1931 (Address) 3500 S Kingshighway

*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

DATE OF BURIAL

Calvary Cemetery 7/11 1931

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 Wash &

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.

