

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

Do not use this space.

29632

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township **St. Louis Mo.** Primary Registration District No. **10123**  
 City **St. Louis Mo.** (No. **St. Mary's Infirmary**) St. **26** Ward)

**2. FULL NAME** **William B. Krieger**

(a) Residence, No. **1510 a Benton** St., **26** Ward. (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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Catherine Krieger**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 29 - 1877**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>54</b>	<b>-</b>	<b>10</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Polisher**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Stove - Range Co**

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) .....

13. NAME **Anton Krieger**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) .....

15. MAIDEN NAME **Anna Rottenstette**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) **John B Brockland 1827 Hazel St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cabary** DATE **Aug 12<sup>th</sup>** 19**31**

19. UNDERTAKER (ADDRESS) **Aug Brockland R & Co. 1821 N. 9<sup>th</sup> St**

20. FILED **NOV 11 1931** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 9<sup>th</sup>** 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **7-21-1931**, to **8-9-1931**

I last saw him alive on **8-9-1931**. Death is said to have occurred on the date stated above, at **9:00 a.m.**

The principal cause of death and related causes of importance were as follows:

**Pulmonary Tuberculosis**  
**23A Tuberciosis**  
**1105**  
**90B**  
**23**

Other contributory causes of importance: **Phlebotomy & Pericardial Effusion**

Name of operation ..... Date of .....

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) **Maurice M. Albertali**, M. D.

(Address) **1536 Papin**

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.

