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.

37318

File No. 9949

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 2830 Park Ave St. Ward)

Registration District No. 791

Primary Registration District No.

2. FULL NAME Cecelia C. Krieckhaus

(a) Residence, No. 2830 Park Ave St., 23 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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3-1847

7. AGE YEARS 85 MONTHS — DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 93

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1064

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo. 1

FATHER

13. NAME Joseph Mathias

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

MOTHER

15. MAIDEN NAME Eleanor Vothrin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Alice E. Krieckhaus 2830 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE Nov 11 1932

19. UNDERTAKER (ADDRESS) Peltz Bros 302 N Lafayette Ave

20. FILED NOV 10 1932 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1932, to Nov 8th, 1932

I last saw her alive on Nov. 8th, 1932 Death is said to have occurred on the date stated above, at 3:45 a.m.

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

	Date of onset
Chronic Interstitial Nephritis & Myocardial degeneration	1928?

Other contributory causes of importance

Acute Capillary Bronchitis	11/4/32

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

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) H. E. Markwort, M. D.

(Address) 3115 S. Grand Bl.

Dr. Marlewood
3115 So Grand