

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.

JUL 14 1936

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

Do not use this space.

24700

1. PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. Josephine Hospital)

File No. \_\_\_\_\_  
Registered No. 6322  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lillian Krieger

(a) Residence, No. 8617 Minnesota St., 1 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Krieger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7 - 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>29</u>	<u>4</u>	<u>13</u>		

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER 13. NAME Phillip Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary Gorham

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

17. INFORMANT Oscar Krieger  
(ADDRESS) 8617 Minnesota Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 6/23/36, 1936

19. UNDERTAKER Fendler Undertaking Co.  
(ADDRESS) 7819 Michigan Av.

20. FILE JUN 22 1936 J. F. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/18 - 1936 to 6/20 - 1936  
I last saw her alive on 6/20 - 1936. Death is said to have occurred on the date stated above, at 2 A. m.

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

Acute myocarditis - Profound shock following prolonged anæsthesia for instrumental delivery of still born baby (Josephine Krieger Memorial Hosp.)  
Other contributory causes of importance: \_\_\_\_\_

Name of operation Inst. Delivery - 149 beds Date of 6/19/36  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1936  
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) C. R. Hawsher, M. D.  
(Address) 7219 Michigan

