

REC'D MAR 17 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Big River
City (No. _____) _____

Registration District No. 424
Primary Registration District No. 5579

File No. 7149
111
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 - 1857

7. AGE YEARS MONTHS Days IT LESS than 1 day, hrs. or min.
70 8 28

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Mass Mill (STATE OR COUNTRY) Mo.

13. NAME John George Kriegbaum

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

15. MAIDEN NAME Anna Marie Miller

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

17. INFORMANT M. G. Kriegbaum (ADDRESS) Hanna Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellvue Mo. DATE 2/26/38

19. UNDERTAKER Motherhood Undertaking Co (ADDRESS) Da. Solo Mo.

20. FILED Mar. 2 1938 W. E. Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25/38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to _____, 19

I last saw her alive on 2/24/38, 19. Death is said

to have occurred on the date stated above, at 5:30 m.

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

Atherosclerosis

Date of onset

Other contributory causes of importance:

Valvular Heart trouble

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) J. C. Townsend M. D.

(Address) Seneca Mo. (R.R.)

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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILL. 60637

RECEIVED
JAN 10 1964

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TO THE DIRECTOR, NATIONAL BUREAU OF STANDARDS
WASHINGTON, D. C.

FROM THE DIRECTOR, NATIONAL BUREAU OF STANDARDS
WASHINGTON, D. C.

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]