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

8702
Do not use this space.

REC'D APR 1 1938

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2291
(c) City St. Louis, (d) Street No. St. Lukes Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Kreyling 645
(a) Residence, No. 3457 Minniesota Ave. St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Elizabeth Kreyling
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 27th. 1859
7. AGE: YEARS 79 | MONTHS 0 | DAYS 8 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Cigar Maker
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: John Kreyling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Christine Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Elizabeth Kreyling 3457 Minnespta Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk. DATE Mch. 10th 1938
19. FUNERAL DIRECTOR (ADDRESS): William Schumacher 3013 Meramec Street.
20. FILED MAR 7 1938 19 J. F. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch. 7th. 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar 2nd, 1938, to Mar. 6th, 1938
I last saw him alive on Mar 6th, 1938. Death is said to have occurred on the date stated above, at 5am.
The principal cause of death and related causes of importance were as follows:
Myocarditis, chronic
Date of onset
93C
Other contributory causes of importance:
Name of operation ..... Date of .....
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 ....., 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? no
If so, specify .....
(Signed) Otto J. Wiehelmi, M. D.
(Address) 220 Univ. Club Bldg. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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**STATEMENT BY LICENSED EMBALMER**

I, CLARENCE J. ROCHOW, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Clarence J. Rochow

Licensed Embalmer No. 3093

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**