

JAN 17 1938

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

40870
Do not use this space.

10562

1. PLACE OF DEATH

(a) County Registration District No. *791*
(b) Township Primary Registration District No. *1003*
(c) City *St. Louis* (d) Street No. *6126 Tennessee* 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 *Otto Kreyling*

(a) Residence, No. *6126 Tennessee* St. *1* (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Elizabeth Virginia Kreyling*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1-11-1870*

7. AGE YEARS *68* MONTHS *19* DAYS *25* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) *St. Louis, Mo.* (STATE OR COUNTRY)

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Arthur Kreyling 6126 Tennessee*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthews* DATE *12-8-1938*

19. FUNERAL DIRECTOR (NAME) *Southern Ind. Co.* (ADDRESS) *6126 Tennessee*

20. FILED *DEC 7 1938* *J. D. Budick* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-6-1938*

22. I HEREBY CERTIFY, That I attended deceased from *11/25/38*, 19, to *12/6/38*, 19, last saw him alive on *12/5/38*, 19. Death is said to have occurred on the date stated above, at *3⁰⁰* A.M.
The principal cause of death and related causes of importance were as follows:

Acute cardiac failure
A3C
Other contributory causes of importance:
Ch. Myocarditis
Pericarditis
Acute dilatation

Date of onset *11/25/38*

Name of operation Date of
What test confirmed diagnosis? *P. E. Kroy* as 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) *Andrew S. Kreyling*, M. D.
(Address) *3531a Stear*

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.

J. A. Anderson - N. Cla...
35-31-2 B...
2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Wilson Collins

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St. Louis, Mo.

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

If this body is not embalmed, above space should be left blank.