

20 1939

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

26889

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Carandelst Primary Registration District No. 700  
(c) or City Arch (d) Street No. Arch Hospital 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. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1308

## 2. PRINT FULL NAME

Raymond Kriegbaum  
(a) Residence, No. 7411 Trenton, Univ. City City (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Edna Kriegbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-4-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
26 8 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerical  
9. Industry or business in which work was done, as saw mill, bank, etc. Insurance Co.  
10. Date deceased last worked at this occupation (month and year) Apr. 1939 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.13. NAME George Kriegbaum14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Lillian Hicks16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Arch Hospital Records18. BURIAL, CREMATION, OR REMOVAL PLACE LaKe Charles Cem DATE July 21 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander & Sons20. FILED JUL 20 1939 Arch Hosp. Rec., Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 193922. I HEREBY CERTIFY, That I attended deceased from 6-23 1939, to 7-18 1939

I last saw him alive on 7-18 1939 Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Tuberculous Empyema Date of onset Apr. 1939  
Pulmonary Tuberculosis

Other contributory causes of importance Disseminated Tuberculosis

Name of operation Aspiration Date of 7-18-39  
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) William Stankow M. D.  
(Address) Arch Hosp. Rec., 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.

B.C.

**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Jose E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6170 - Delmo*

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

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