

GUARD JAN 15 1944 7917

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Ann's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
Specify whether _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 Arlington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME KAREN KREIKEMEIER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 21, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 9 hr. _____ min. If less than one day

9. Birthplace St. J. Mo 6
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

MOTHER FATHER

12. Name George J. Kreikemeier
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Audrey Glover
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George J. Kreikemeier
(b) Address 12023 Bland Ave

17. (a) Burial (b) Date thereof Dec 2-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calm aery

18. (a) Signature of funeral director William F. Starn
(b) Address 1225 Union Blvd

19. (a) DEC 2 1940 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1940 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 26, 1940, to Nov 30, 1940, that I last saw him alive on Nov 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration 36 hrs

Due to atelectasis 9 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Julius Bondy (M. D. or other)
Address 1467 Union Ave Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, *Bernard R. J. Stuart*

Licensed Embalmer No. *3500*

P. O. Address *1225 Union, Blm*

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.