

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12558

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2988

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4355a Laclede Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 06 0

(a) State Missouri (b) County.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4355a Laclede Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 7 years.

3. (a) PRINT FULL NAME Louis Robert Krieger

3. (b) If veteran, name war.....

3. (c) Social Security No. 489-14-0990

4. Sex <u>Male</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
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6. (b) Name of husband or wife Emma Krieger

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug. 29th. 1865  
(Month) (Day) (Year)

8. AGE: Years <u>75</u>	Months <u>7</u>	Days <u>5</u>	If less than one day hr. min.
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9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business Handlan & Buck Co.

12. Name Robert Krieger

13. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Schiller

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Krieger

(b) Address 4355a Laclede Ave.

17. (a) Cremation (b) Date thereof 4-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Frank [unclear] Co.

(b) Address 3710 N. Grand Blvd

19. (a) APR - 4 1941 (b) J. P. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd. year 1941 hour 5.30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 24, 1941, to April 3-, 1941;  
that I last saw him alive on April 3-, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension

Due to Ch. Coronary artery

Due to reperfusion

Other conditions Carcinoma of the Stomach  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations H/O

Of autopsy H/O

Duration

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? No (Specify type of place) (e) Means of injury H/O

23. Signature L. J. Klossel (M. D. or other) H/O

Address 905 Harrison Date signed 7/4/41

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

079

E. J. Kloppel  
905 Morrison

542645

**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 Robert L Brinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N Grand Bl

**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, fact should be so stated above.**