

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26742

Primary Registration District No.

1003

Registrar's No.

6534

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:
3638 S. Compton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 68 years
years, months or days

3. (a) PRINT FULL NAME Gustav Kring

3. (b) If veteran, name war ---
 3. (c) Social Security No. None

4. Sex Male 0
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rosa
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased July 24, 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 16
 If less than one day hr. _____ min. _____

9. Birthplace Milstadt Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Druggist

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Kring
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Abner
 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Kring
 (b) Address 3638 S. Compton

17. (a) Burial (b) Date thereof 8/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N.S.S. Peter & Paul(a) Signature of funeral director Wacker-Waldnerle(b) Address 3634 Gravois Ave.

19. (a) AUG 11 1941 (b) J. F. Fredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3638 S. Compton
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
 year 1941 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from March - 5 - 1941, to Aug. 9 - 1941
 that I last saw him alive on Aug. 8 - 1941
 and that death occurred on the date and hour stated above,

Immediate cause of death Chronic Interstitial Nephritis Duration _____

Due to 181

Due to 181

Other conditions Chronic Myocarditis & Chronic Prostatitis
(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) (a) Means of injury

23. Signature Roman [unclear] (M. D. or other) Dr. [unclear]
 Address 4500 [unclear] Date signed 8/9/41

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..... *Frank J. Hoanig*
Licensed Embalmer No..... *19675*
P. O. Address..... *St Louis*

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.