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FILED SEP 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26781

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6573

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

0
7
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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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County

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

(d) Street No. 6812 Waldemar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Henry A. Kreikenbaum

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 28 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
76	7	12	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retied Wallpaper Merchant

11. Industry or business

FATHER
12. Name August Kreikenbaum
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Johanna Froberg
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. F. C. Withall
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 12 (Day) '41 (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) AUG 12 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10 year 1941 hour 5 minute 45A M.

21. I hereby certify that I attended the deceased from July 6, 1941, to Aug 8, 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 Carcinoma sigmoid myocarditis

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy

Duration 1 yr

46

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

23. Signature [signature] (M. D. or other) 0
Address 607 N Grand Date signed 8/11/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Altheide
Uni Club Bldg
12, noon.

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, [redacted]

....., Registered Apprentice No.....

working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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.