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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37982

Registration District No. 125 Primary Registration District No. 3069 Registrar's No. 77.

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

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 717 MORGAN OAK
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community ALL HIS LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CAPE
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 717 MORGAN OAK
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM H KRIEGER
3. (b) If veteran, name war
3. (c) Social Security No. 490-10-8696
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife EMMA KRIEGER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAR. (Month) 19 (Day) 1869 (Year)

8. AGE: Years 72 Months 7 Days 23 If less than one day hr. min.

9. Birthplace SCOTT COUNTY MO (City, town, or county) (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business
FATHER 12. Name GOTLIB KRIEGER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name JOHANNA WITTENBERG
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Elda Krieger
(b) Address 717 Morgan Oak Cape Girardeau
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 13 1941 (Month) (Day) (Year)
(c) Place: burial or cremation LORIMIER CEMETARY
18. (a) Signature of funeral director [illegible]
(b) Address Cape Girardeau Mo.
19. (a) 11-11-41 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 11 year 1941 hour 6 minute 5 A.M.
21. I hereby certify that I attended the deceased from 9-14, 1941, to 11-11, 1941; that I last saw him alive on 11-11-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 2 mo.
Due to
Due to 934
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations No operations
Of autopsy No 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature P. C. Ritter M.D. (M. D. or other)
Address Cape Girardeau Mo. Date signed 11-11-41

1014 (Licensed Embalmer's Statement on Reverse Side)

DEC 15 1941

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo.

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.