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

1. PLACE OF DEATH: **St. Louis**  
 (a) County: **Ballwin**  
 (b) City or town: **Ballwin**  
 (c) Name of hospital or institution: **Pinecrest Nursing Home 4**  
 (d) Length of stay: In hospital or institution. \_\_\_\_\_  
 In this community: \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: **Mo.** (b) County: **000**  
 (c) City or town: **St. Louis**  
 (d) Street No.: **4750 Alaska**  
 (e) Citizen of foreign country? **1** (Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: **MARY KRAPP KRIEGBAUM**  
 (b) If veteran, name war: **No.**  
 (c) Social Security No.: **No.**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **July** day **28**  
 year **1942** hour **6** minute **50 P.** M.

4. Sex: **Female** 5. Color or race: **White**  
 6. (a) Single, widowed, married, divorced: **Widow**  
 6. (b) Name of husband or wife: \_\_\_\_\_  
 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
 7. Birth date of deceased: **June 9 1858**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 11<sup>th</sup>** 19**42** to **July 28<sup>th</sup>** 19**42**  
 that I last saw her alive on **July 12<sup>th</sup>** 19**42**  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**84** **1** **19** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: **Bronchial Asthma**  
 Duration \_\_\_\_\_

9. Birthplace: **Edwardsville Illinois**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation: **Housewife**

Other conditions: **Asterois - Schistos**  
 (Include pregnancy within 3 months of death)  
 PHYSICIAN \_\_\_\_\_

MOTHER FATHER  
 12. Name: **Jacob Sties**  
 13. Birthplace: **Germany**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: **Unknown**  
 15. Birthplace: **Germany**  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant: **Fred Krapp**  
 (b) Address: **4750 Alaska**  
 17. (a) **Burial** (b) Date thereof: **7/31/42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: **Old SS Peter-Paul**  
 18. (a) Signature of funeral director: **Schumacher**  
 (b) Address: **3013 Meramec**  
 19. (a) **JUL 30 1942** (b) **C. S. McFarland**  
 (Date received local registrar) (Registrar's signature)

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: **R. N. Jensen** (M. D. or other)  
 Address: **Manchester, Mo** Date signed: **7/28/42**

AUG 8 1942

MARY LINDSEY LOVE - MRS

**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.....

**George N. Archambault**

Registered Apprentice No. **X XXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

**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.**