

FILED JUL 27 1942

State File No. _____

Registration District No. 184

Primary Registration District No. 117

Registrar's No. 1554

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community Thirty Six Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 529 Clark Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Rose Kriegesman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife George W. Kriegesman 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. 17 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Unk

13. Birthplace Hamburg, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unk

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

16. (a) Informant Frank Kriegesman

(b) Address 529 Clark Ave.

17. (a) Cremation (b) Date thereof 7-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Valhalla Crematory

18. (a) Signature of funeral director Wittberg Funeral Home Inc

(b) Address Webster Groves, Missouri

19. (a) JUL 22 1942 (b) [Signature]
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from many years _____, 19____, to 7/19/42, 19____, that I last saw him _____, alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Basal hemorrhage Duration 1 wk

Due to same 83 a1

Due to Arterio-sclerosis

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

Major findings:
Of operations none

Of autopsy none

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) none

(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 Frank P. Gannell (M. D. or other) MD
Address 135 N. Gore, Webster Groves Date signed 7/22/42

96
7
4
WRITE PLAINLY---USE UNFADING BLACK INK---MAKE A PERMANENT RECORD
100 (120)

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 G. W. Wilkinson
Licensed Embalmer No. 3575
P. O. Address.....

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.