

FILED MAY 3 1943

Registration District No. 818

Primary Registration District No. 1003

3897

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

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:
2830 Park Ave En Route to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

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. 2830 Park Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Alice E. Kriekhaus

3. (b) If veteran, name war.....
3. (c) Social Security No. 494-09-8995

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

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

7. Birth date of deceased July 21 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 4hr.min.

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

10. Usual occupation Saleslady

11. Industry or business Famous-Barr Co

MOTHER FATHER { 12. Name Charles Kriekhaus
13. Birthplace Germany
14. Maiden name Cecelia Mathias
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Charles P. Evans
(b) Address 8037 Trost Ave Afton Mo

17. (a) Burial (b) Date thereof April 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Peetz Brothers
3029 Lafayette Ave

19. (a) APR 27 1943 (b) J. F. Beulah
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day April
year 1943 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Sclerosis

Due to Atery Sclerosis

Due to W.M.A.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)
Means of injury.....

23. Signature W. H. Perry (M. D. or other)
Address Date signed 4/27/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis 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.