S. No. 2
DM—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 2 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13018

Registration District No. 318 Primary Registration District No. 1006 Registrar's No. 3788

1. PLACE OF DEATH:
(a) County
(b) City or town City of St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5500 South Grand Blvd. (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 about 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 15
(c) City or town City of St. Louis (If outside city or town limits, write "RURAL") 200
(d) Street No. 5500 South Grand Blvd. (If rural, give location) 17
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William C. Kraiberg
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary A. Kraiberg
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 1 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	2	21	hr. min.

9. Birthplace Denmark (City, town, or county) (State or foreign country) 4
10. Usual occupation Painter
11. Industry or business
MOTHER FATHER
12. Name Christian Kraiberg
13. Birthplace Denmark (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Amelia Schroeder
15. Birthplace Denmark (City, town, or county) (State or foreign country) 4
16. (a) Informant Mary C. Kraiberg
(b) Address 5500 South Grand Blvd.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.
19. (a) APR 24 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1944 hour 7:00 minute p.m.
21. I hereby certify that I attended the deceased from Nov. 8th, 1943 to April 22nd, 1944; that I last saw him alive on April 21st, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage (Left Side)	1 wk.
Due to	
Due to	
Other conditions Chronic Arteriosclerosis 6 Mo. (Include pregnancy within 3 months of death)	

Major findings: Of operations no.
Of autopsy no

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 Dr. W. H. Walter (M. D.) XXXXX
Address 3608 S. Grand Blvd. Date signed 2/24/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Wm. Walters
3608 So. Grand Blvd

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.