

FILED MAY 29 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1135

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

1. PLACE OF DEATH:

(a) County...  
 (b) City or town... St. Louis, Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
128 E. Etta  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... 14 months  
(Specify whether  
 In this community... Life,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 7  
 (c) City or town... St. Louis, Lemay  
(If outside city or town limits, write "RURAL")  
 (d) Street No... 128 E. Etta  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country...

3. (a) PRINT FULL NAME Maria Emma Kriegshauser

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased... June 26, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>12</u>	hr. min.

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

10. Usual occupation... Housewife,

11. Industry or business

12. Name... John Hines

13. Birthplace... St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name... Wilhelmina Kobusch

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

16. (a) Informant... Clarence Kriegshauser

(b) Address... 3844 Juniata

17. (a) Burial (b) Date thereof... 9/11/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Laurel Hills

18. (a) Signature of funeral director... Oscar J. Hoffmeister

(b) Address... 4016 Chippewa

19. (a) MAY 20 1944 (b) E. G. McHaffey, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
 year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1  
 1944 to May 8 1944  
 that I last saw her alive on May 8 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic Myocarditis Duration 6 mos

Due to

Due to

Other conditions... (Include pregnancy within 3 months of death)

Major findings:  
 Of operations... 9/21  
 Of 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature... Oscar J. Hoffmeister (M.D. or other) MD.

Address 7606 Kennedy Date signed 5-9-44

19 20 00

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**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.

*Cmb. cert filed sep.*

Signed.....

Licensed Embalmer No.....

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.**

Oscar J. Hoffmeister

Undertaking Co.

Address

4016 Chippewa

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described corpse:

Full name

Maria Emma Kriegshauser

Race

White

Place and date of death

128 E Etta

Physician (~~or Coroner~~) signing Certificate

C. J. McNamee

Place and date of Embalming

4700 Washington

5/8/44

Remarks

Signed

Albert G. Lappe

Missouri License No.

2971