

FILED NOV 17 1945
Registration District No. _____

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3333 Oxford Ave.
(If not in hospital or institution, write street number or location)

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

In this community _____ (years, months or days)

3. (a) PRINT FULL NAME: JEROME A. KRIEG

3. (b) If veteran, name war: None

3. (c) Social Security No. 493-05-3878

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife: Mattie

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: Jan. 1, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>10</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation: Mechanic

11. Industry or business _____

12. Name Heronomous Krieg

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

14. Maiden name Amelia Link

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

16. (a) Informant: Mattie Krieg

(b) Address: 3333 Oxford Ave. Maplewood Mo.

17. (a) Burial (b) Date thereof: Nov. 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: Jay B. Smith

(b) Address: 7456 Manchester Ave. Maplewood Mo.

19. (a) 11-16-45 (b) E. H. D. Darnold
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3333 Oxford Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12 year 1945 hour 5 pm minute _____ M.

21. I hereby certify that I attended the deceased from 10/1/45 to 11/2/45 that I last saw him alive on 11/10/45 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis

Due to Cardio-nephritis

Due to Chronic Gastritis

Other conditions: _____
(Include pregnancy within 3 months of death)

Duration

6 wks.

2 yrs.

5 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

(a) Means of injury _____

23. Signature: E. H. Darnold M. D. or other MD.

Address: 2901 Big Bend Date signed: 11/13/45

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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 3454
....., Registered Apprentice No.
working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.