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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

7652

FILED FEB 20 1948
318

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1392

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community Life
years, months or days (Specify whether)

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. 6515 Mardel
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl Isaac Krieger

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

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

6. (b) Name of husband or wife Lydia Krieger 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 10 18 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 21
If less than one day hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business Lieberman Hosiery Co.,

12. Name Charles Krieger

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

14. Maiden name Flora Bowling
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lydia Krieger

(b) Address 6515 Mardel, St. Louis, Missouri

17. (a) Burial (b) Date thereof 2-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Paul's Churchyard
C. HOFFMEISTER COLONIAL MORTUARY,

18. (a) Signature of funeral director _____
(b) Address 6464 Chippeva, St. Louis, Mo.,

19. (a) FEB 11 1948 (b) J. Brodeur
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 1946 hour 12 minute 10 M.

21. I hereby certify that I attended the deceased from Jan 9th to Feb 9th 1946
that I last saw him alive on Feb 9th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocard
Due to _____
Due to _____

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?
W. D. Aufderheide M.D.
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) 2/11/46
Address 3103 Arsenal St. Date signed _____

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

MOTHER FATHER

AUFDERHEIDE, WM D
3101 Arsenal
PR 9999

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 *Louis C. Aufderheide*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S Broadway*.....

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.