

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3714**

1. PLACE OF DEATH: **318**

(a) County **St. Louis**  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**2717a Missouri Ave. /**  
(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)

2. USUAL RESIDENCE OF DECEASED: **1003**

(a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2717a Missouri Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No) **0**  
 If yes, name country.

3. (a) PRINT FULL NAME **August N. Krieger**  
 3. (b) If veteran, name war  
 3. (c) Social Security No. **489-01-2842**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Agnes**  
 6. (c) Age of husband or wife if alive **68** years  
 7. Birth date of deceased **August 1 1876**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **20**  
 If less than one day **hr. min.**

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Shipping Clerk**  
 11. Industry or business **International Shoe Co.**

MOTHER, FATHER {  
 12. Name **Joseph Krieger**  
 13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Dorothy Lechner**  
 15. Birthplace **Not known U.S.A.** **1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Agnes Krieger**  
 (b) Address **2717 Missouri Ave.**  
 17. (a) **Burial** (b) Date thereof **Apr. 26, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Old St. Peter & Paul Cemetery**

18. (a) Signature of funeral director **John H. Rubin Sons and Co.**  
 (b) Address **2630 Gravois Ave.**  
**APR 23 1946** (c) **J. F. Bradeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21st**  
 year **1946** hour **10:15** minute **35P** M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
**Myocardial Infarction**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **94**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature **Patrick E. Taylor** (M.D.)  
 Address **Deputy Coroner** Date signed **4-23-46**

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

13819

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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.

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**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.**