V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No. 57

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 22971

Registrar's No. 1335

1. PLACE OF DEATH:
(a) County: St.Louis
(b) City or town: Manchester (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 4 (If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 6 20
(c) City or town: SPtLouis 17 (If outside city or town limits, write "RURAL")
(d) Street No.: 2717a Missouri Ave. 9 (If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Agnes K.Krieger
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: August
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 21, (Day) 1877 (Year)

8. AGE: Years 69 Months 8 Days 25 If less than one day hr. min.

9. Birthplace: St.Louis (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: John Schneider
13. Birthplace: Waterloo (City, town, or county) Illinois (State or foreign country) 1
MOTHER 14. Maiden name: Not Known
15. Birthplace: (City, town, or county) (State or foreign country) 4
16. (a) Informant: Marie Kreidler 1
(b) Address: 2717a Missouri Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St.Peter & Paul Cemetery
18. (a) Signature of funeral director: John H Gilpin & Son
(b) Address: 2630 Gravois Ave.
19. (a) 6-21-47 (Date received local registrar) (b) Carl A Shepard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1947 hour 11,15 minute A M.
21. I hereby certify that I attended the deceased from 2/17, 1947, to June 18, 1947; that I last saw her alive on June 13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	1 Week
Due to: Hypertension C.V.R.	
Due to: Arteriosclerosis	
Due to: Myocarditis	
Other conditions (Include pregnancy within 3 months of death): 1310	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury:
23. Signature: C Kunzle (M. D. or other) M.D.
Address: 2800 Ph Chyrum Date signed 6/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Gebhein

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.