

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **248**

**1. PLACE OF DEATH:**

(a) County Saint Louis

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

(c) Name of hospital or institution:  
Memorial Home, 2609 S. Grand Blvd. 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town Saint Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 S. Grand Blvd. 9  
(If rural, give location)

(e) Citizen of foreign country? No. 0  
(Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Robert Lee Krigbaum

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 Widowed

6. (b) Name of husband or wife Nora Etta Krigbaum

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 17, 1865  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>82</u>	<u>8</u>	<u>21</u>	<u>0</u> hr. <u>0</u> min.

9. Birthplace Ralls County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Dairy worker

11. Industry or business \_\_\_\_\_

12. Name George Krigbaum

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

14. Maiden name Eliza Graves

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

16. (a) Informant Orville F. Krigbaum

(b) Address 4600b Arsenal

17. (a) Burial (b) Date thereof Jan. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Missouri

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington-8-

19. (a) JAN 9 1948 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 8,  
year 1948 hour 7 minute 45 P.A.M.

21. I hereby certify that I attended the deceased from Apr, 1946, to Jan 8, 1948,  
that I last saw him alive on Jan 6, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Myocarditis  
Cardiac decompensation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 9/3  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 0

23. Signature Edward Helmsing (M. D. or other) MD  
Address Wall Building Date signed 1/9/48

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

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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 *Philip M. Leraig*.....

Licensed Embalmer No..... **3281**.....

P. O. Address..... **Saint Louis, Missouri.**.....

**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.**