

No. 2
-1/47
-17-39

National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. **318** Primary Registration District No. **7003**

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: **6927 Lansdowne 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **6927 Lansdowne Ave.**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **ANNIE KRIETLOW**

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

3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Late August**

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

7. Birth date of deceased **Jan. 21 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	0	23 hr. min.

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

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **Killian Frank**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Killian Kerner**

(b) Address **1328 Louisville Ave.**

17. (a) **Burial** (b) Date thereof **2-17-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **FEB 16 1948** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **14**
year **1948** hour **12:00** minute **Noon** M.

21. I hereby certify that I attended the deceased from **March 11th 1944** to **Feb. 14th 1948**
that I last saw her alive on **2-14-48** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Haemorrhage**

Due to **arterial Hypertension**

Due to **Diabetes mellitus**

Other conditions: **bl.**
(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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **C. J. W. M. R.** (M. D. or other) **hite**
Address **3208 Swanku cur** Date signed **2-16-48**

Duration **14 days**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

3118 Purchase 3.1

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 Edwin M. Bennett

Licensed Embalmer No. 3024

P. O. Address.....

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.