S. No. 2
M—1/47
5-17-39

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

#41524

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14326

Registrar's No. 3803

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital Max C. Starkloff
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3311 Lemp Ave.
Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARENCE KRING
3. (b) If veteran, name war World War 1
3. (c) Social Security No. None
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 9, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	13	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Invalid
11. Industry or business
FATHER 12. Name Eugene C. Kring
13. Birthplace Millstadt, Ill. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Amelia Braun
15. Birthplace Millstadt, Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Flore Berg
(b) Address 3311 Lemp Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Hill Bros. L. & U. Co.
(b) Address 2929 S. Jefferson Ave.
19. (a) APR 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22nd year 1948 hour 3 minute 25 A. M.
21. I hereby certify that I attended the deceased from March 28th, 1948, to April 22nd, 1948; that I last saw him alive on April 22nd, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of ascending Colon & widespread Metastase	2+ yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)
While at work? (e) Means of injury
23. Signature Walter M. Turner (M. D. or other)
Address 1515 Lafayette Date signed 4/22/48

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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson Wichita

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.