

#25709

FEDERAL SECURITY AGENCY
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **21052**

FILED JUN 28 1948

Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **5462**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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 2 days
 (Specify whether
 In this community 38 years
 years, months or days)

3. (a) PRINT
FULL NAME**BERNARD KRIEBS**3. (b) If veteran,
name war None3. (c) Social Security No.
None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married,
divorced Married
 6. (b) Name of husband or wife Mary Kribs
 6. (c) Age of husband or wife if
alive 63 years
 7. Birth date of deceased April 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 0 hr. min.

9. Birthplace Red Bud Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Grocer11. Industry or business Grocery Business12. Name Peter Kribs13. Birthplace Unk. Germany
 (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Mary Kribs(b) Address 3915 N. 20 Street17. (a) Burial (b) Date thereof 6 / 17 / 48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Suedmeyer & Sons(b) Address 3934 N. 20 Street19. (a) JUN 16 1948 (b) J. F. Brennan
 (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 17
 (d) Street No. 3915 N. 20 Street
 Memorial (If rural, give location) 90
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th
 year 1948 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from 6/12/48
 _____, 19____, to June 14th, 1948
 that I last saw h. im alive on June 14th, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Complete Heart Block

Duration

Due to Arteriosclerotic
Heart Disease

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy None

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
 of Means of injury _____

23. Signature Raymond Hendin (M. D. or other) M.D.
 Address 1515 Lafayette Date signed 6/17/48

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 *Neville B. Frohewell*

Licensed Embalmer No. *3696*

P. O. Address. *3934 No 20th*

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.