FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31177

Registrar's No. 7881

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 St. Louis City Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Mo. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7049 Marquette Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD KRIEG
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 8. (Day) 1885 (Year)

8. AGE: Years 63 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Belleville. (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
MOTHER FATHER
12. Name Heronimus Krieg
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Amelia Luck
15. Birthplace Mascotah. (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Nora Krieg
(b) Address 7049 Marquette Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) SEP 8 1948 (Date received local registrar) (b) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1948 hour 3.00 minute A M.
21. I hereby certify that I attended the deceased from Dec. 1 1947 to Sept. 6 1948
that I last saw him alive on Sept 6 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Broncho Pneumonia-bilateral Terminal	2 ds.
Due to	
Arteriosclerotic Heart Disease	1947x.
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 Jack R. Kidelman (M. D. or other)
Address 5400 Arsenal St. Date signed 9/6/48

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 _____

Licensed Embalmer No. 4058

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.