

X26390

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2528

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

1. PLACE OF DEATH:

(a) County: Villa Greco
(b) City or town: Rural, St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Villa Greco 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Seven Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 96
(c) City or town: St. Ferdinand
(If outside city or town limits, write "RURAL")
(d) Street No.: Villa Greco (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Sister Mary Culcheria Krieb

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: Female 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: Dec. 9, 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	10	21	hr. _____ min.

9. Birthplace: New York N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation: Teacher

11. Industry or business: _____

MOTHER FATHER { 12. Name: John Krieb

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

14. Maiden name: Margaret Vihl

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

16. (a) Informant: Sister M. Loyola, S.S.N.D.

(b) Address: Rt. 3 - Box 503

17. (a) Y3 (b) Date thereof: Nov 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Villa Greco

18. (a) Signature of funeral director: Female and C

(b) Address: 7420 N. Bigan St

19. (a) 11-2-48 (b) Bede A. Shapard
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 10 day: 30
—year: 1948 hour: 10 minute: 55A M.

21. I hereby certify that I attended the deceased from 5-1, 1948 to 10-2, 1948; that I last saw him alive on 10-26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: control hemorrhage
thrombolytic embolism
Due to: ven

Due to: 830

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

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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: _____

23. Signature: J. W. Wenzel (M. D. or other) MD
Address: 8212 N. Broadway Date signed: 10-30-48

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..... *W E Morris*

Licensed Embalmer No. *3360*

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.