

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17982

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>1088</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>St. Louis</b>		a. STATE <b>Mo.</b>		b. COUNTY		admission:	
b. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>		7/3/50	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7348 Kingsbury Bl.</b>		d. STREET ADDRESS (If rural, give location) <b>7348 Kingsbury Bl.</b>				0	
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <b>ROSE</b>	b. (Middle) <b>F.</b>	c. (Last) <b>KRIEGSHAUSER</b>	(Month)	(Day)	(Year)		
(Type or Print)			<b>April</b>	<b>30</b>	<b>1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>July 6, 1876</b>		9. AGE (In years last birthday) <b>72</b>	if UNDER 1 YEAR Months <b>9</b>	if UNDER 12 HRS. Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President of Kingsbury Mortuary</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>		
13a. FATHER'S NAME <b>Lawrence Muth</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Reuter</b>		14. NAME OF HUSBAND OR WIFE <b>Late George Kriegshauser</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Geo. W. Kriegshauser</b>				
			ADDRESS <b>4228 S. Kingshighway Bl.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage - Gastric.</b>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignancy of Stomach?</b>						
	DUE TO (c) <b>Arteriosclerotic Heart Disease</b>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Indolent</b>						
18. INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>151X</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>466</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Apr 29</b> , 1949, to <b>April 30</b> , 1949, that I last saw the deceased alive on <b>Apr. 30</b> , 1949, and that death occurred at <b>1:57 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Alfred M. Rehn, M.D.</b>				23b. ADDRESS <b>806 No. Hecker Bldg</b>		23c. DATE SIGNED <b>May 3, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 4, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5-4-49</b>		REGISTRAR'S SIGNATURE <b>David Lunggaph</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>			
				ADDRESS <b>4228 S. Kingshighway Bl.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

96  
35

634 No. [unclear]

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Edwin M. Alexmatt

Signed.....

Student Embalmer

Licensed Embalmer No. 3074

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.