

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

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In period

1949  
pm

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34205

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>		b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HIGH RIDGE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HIGH RIDGE Mo</b>		50 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OWN HOME</b>		d. STREET ADDRESS (If rural, give location) <b>MERAMEC TOWNSHIP</b>		1	

3. NAME OF DECEASED (Type or Print) <b>SOPHIA</b>	a. (First)	b. (Middle)	c. (Last) <b>KREIENHEDER</b>	4. DATE OF DEATH <b>OCT. 21-1949</b>	(Month)	(Day)	(Year)
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>JAN. 28-1868</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 1 YEAR Days <b>20</b>	IF UNDER 1 HR. Hours <b>0</b>	IF UNDER 1 HR. Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>MO ST LOUIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WM WOLGAST</b>	13b. MOTHER'S MAIDEN NAME <b>MARY ESPHELD</b>	14. NAME OF HUSBAND OR WIFE <b>HENRY KREIENHEDER</b>
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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. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>NONE</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>		<b>3 days</b>
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Interstitial Nephritis</b> DUE TO (c)		<b>Years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>592X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1949, to Oct 21, 1949, that I last saw the deceased alive on Oct 20, 1949, and that death occurred at 2 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. L. Heitel M.D.</b>	23b. ADDRESS <b>3606 Garois</b>	23c. DATE SIGNED <b>10/24/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/28/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Martins Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>High Ridge Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct 24 49</b>	REGISTRAR'S SIGNATURE <b>Phil J. Kirk</b>	140	25. FUNERAL DIRECTOR'S SIGNATURE <b>John W. ...</b>	ADDRESS
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District File Number \_\_\_\_\_  
District Health Officer No. 9  
OCT 29 1949  
RECEIVED

**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 \_\_\_\_\_

*John H. Brimmer*

Licensed Embalmer No. \_\_\_\_\_

1470

P. O. Address \_\_\_\_\_

*House Springs*

Signed \_\_\_\_\_

Student-Embalmer \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.