

FILED JUN 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 18359

318

1003

1724

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Union</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>State Street 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Deaconess Hospital</u> | | e. LENGTH OF STAY (In this place) <u>0360</u> | |
| 3. NAME OF DECEASED a. (First) <u>Ida</u> b. (Middle) <u>Marie</u> c. (Last) <u>Krietz</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 30th 1950</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>September 30 1882</u> |
| 9. AGE (In years last birthday) <u>67</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>John D. Schultz</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Brandt</u> | 14. NAME OF HUSBAND OR WIFE <u>Fred H. Krietz</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred H. Krietz Union Mo</u> | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical Shock; Cardiac Hypertrophy & Sclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</u> DUE TO (b) <u>while undergoing an operation at Deaconess Hospital on</u> DUE TO (c) <u>May 30 1950</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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) | |
| 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? <u>2981</u> | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>105 A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Calvin L. Taylor Corb.</u> (Degree or title) | | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>5/31/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>6/1/1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Gion</u> | 24d. LOCATION (City, town, or county) (State) <u>Union Mo.</u> |
| DATE REC'D. BY LOCAL <u>MAY 31 1950</u> | REGISTRAR'S SIGNATURE <u>J. B. Pasater</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. F. Ottman Union Mo.</u> | |

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

4228

MAY 1 1931

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No.

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.