

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18972

State File No. ....

FILED MAY 19 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1224

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>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNE <u>Ellisville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 22</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunset San.</u>		e. STREET ADDRESS <u>751 N. Taylor Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>C.</u>	
c. (Last) <u>Kriechbaum</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 6 1872</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 12 HRS. Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Burlington, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>August Kriechbaum</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Range</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pascal Call 751 N. Taylor Kirkwood 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Fracture of Right Hip</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>125</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u> <u>years</u> <u>1 Mo.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KIRKWOOD - ST. LOUIS - MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>APR 17 1950 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>FELL OUT OF BED - INVALID</u>	
22. I hereby certify that I attended the deceased from <u>5-24</u> , 19 <u>46</u> , to <u>5-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-12</u> , 19 <u>50</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hallie Rheinberger</u>		23b. ADDRESS <u>654 N. Kirkwood Rd. Kirkwood 22, Mo.</u>	
23c. DATE SIGNED <u>5-13-50</u>		23d. (Degree or title) <u>D.O.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/16/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Aspen Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Burlington, Iowa</u>
DATE REC'D BY LOCAL REG. <u>MAY 13 1950</u>	REGISTRAR'S SIGNATURE <u>Robert H. Blanks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfizinger</u> ADDRESS <u>Kirkwood, Mo.</u>	

40000

H. P. Rheinberger

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

**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.

Student .....

Student Embalmer

Signed *John M. Meyer* .....

Licensed Embalmer No. *3285*

P. O. Address *Kirkwood, Mo*

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.