

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21718**
Registrar's No. **5751**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5751	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. LENGTH OF STAY (in this place) 33 days		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMERY				STREET ADDRESS (If rural, give location) 3688 LACLEDE AVE			
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		b. (Middle) _____		c. (Last) KRIEGER		4. DATE OF DEATH (Month) (Day) (Year) JUNE 27 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB. 13, 1864	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN PHILIP KRIEGER		13b. MOTHER'S MAIDEN NAME FRANCES BECKER		14. NAME OF HUSBAND OR WIFE UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CITY INFIRMERY RECORDS 5600 ARSENAL			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Low Pneumonia; Depression fracture of skull suffered about 6:00 AM June 23 1950 at City Arsenal when deceased was struck by head rest of barber chair by a mental patient and Stephen Huls who at this time is morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO depression II. OTHER SIGNIFICANT CONDITIONS Chair by a mental patient and Stephen Huls who at this time is Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Confined to City Hospital Home				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) Home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Infirmary		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 23 50 1000 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6983 X			
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 1:00 A.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Alfred Perry, Deputy Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 3, 1950		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. JUL 3 1950		REGISTRAR'S SIGNATURE J. B. Lasata		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullen Kelly 4386 LINDELL BLVD.			

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.