

S. No. 300
10.48

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2694
674

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3133 Cherokee St		d. STREET ADDRESS (If rural, give location) 3133 Cherokee St	

3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) George c. (Last) Kring			4. DATE OF DEATH 1-19-1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-6-1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drug Store Proprietor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederick H. Kring	13b. MOTHER'S MAIDEN NAME Charolotta Ebner	14. NAME OF HUSBAND OR WIFE Henrietta E. M. Kring
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME <i>Henrietta E. M. Kring</i>	ADDRESS 3133 Cherokee St
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis		INTERVAL BETWEEN ONSET AND DEATH ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>H.S.H.</i>
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22. I hereby certify that I attended the deceased from Dec. 22, 1950, to Jan. 19, 1951, that I last saw the deceased alive on Jan. 19, 1951, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>A. M. Peters</i>	(Degree or title) M.D.	23b. ADDRESS 4145 a S. Grand Blvd.	23c. DATE SIGNED Jan 20/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-23-1951	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) 4947 W. Florissant Ave MO
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DATE REC'D BY LOCAL REG. JAN 22 1951	REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ziegenhain</i>	ADDRESS 6409 Gravois Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Dr. Peters 4145 S. Grand Blvd
IO 7933 2-26-4

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.....

Law M. Sigmon

Signed.....

Student Embalmer

Licensed Embalmer No.

4343

P. O. Address

St Louis 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.