

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14361

FILED MAY 4 1951

State File No. 3826  
Registrar's No. 100

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>54 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2069		
d. FULL NAME OF HOSPITAL OR INSTITUTION / <u>St. Luke's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5203 Wabada</u>				
3. NAME OF DECEASED (Type or Print) <u>MILDRED</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>KREYLING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1951</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>Nov. 10, 1896</u>		
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mts. _____		12. CITIZEN OF WHAT COUNTRY? _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Fred Schroeder</u>			13b. MOTHER'S MAIDEN NAME <u>Melinda Ulrich</u>			14. NAME OF HUSBAND OR WIFE <u>Edward G. Kreyling</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward G. Kreyling, 5203 Wabada</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism (from fibrillating heart)</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES DUE TO (a) <u>Rheumatic Valvular Heart Disease</u> <u>26 years</u> DUE TO (b) <u>Mitral Stenosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular Fibrillation</u> <u>14 years</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. 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) _____		21f. HOW DID INJURY OCCUR? <u>H/OX</u>		
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"/>		22. I hereby certify that I attended the deceased from <u>May 23, 1937</u> , to <u>April 21, 1951</u> , that I last saw the deceased alive on <u>Apr. 21, 1951</u> , and that death occurred at <u>6:58 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Harriet Huggitt</u>			0 (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3720 Washington Blvd.</u>		23c. DATE SIGNED <u>4/23/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>APR 24 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BEIDERWIEDEN F. H.</u> ADDRESS <u>1936 St. Louis Ave.</u>				

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

Dr. Hiram S. Liggett

3720 Washington

Hours 1:30 to 5:30

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

*Max L. Warfel*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.