No. 300
10-48

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31625
Registrar's No. 6476

BIRTH NO. 64531-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH
a. COUNTY St. Louis - Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood 4703
d. STREET ADDRESS (If rural, give location) 110 Chester ave.

3. NAME OF DECEASED (Type or Print) a. (First) Gail b. (Middle) Eileen c. (Last) Kreienkamp

4. DATE OF DEATH (Month) (Day) (Year) July 19th 1951

5. SEX Female
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.
8. DATE OF BIRTH July 18th 1951
9. AGE (In years last birthday) If under 1 year: Months — Days — If under 24 hrs.: Hours 19 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S. yes

13a. FATHER'S NAME Kenneth LeRoy Kreienkamp
13b. MOTHER'S MAIDEN NAME Eunice Louise Meyzler
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Lutheran Hospital ADDRESS 2646 Potomac str.

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) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hydrocephalus Congenital — 19 HRS
DUE TO (c) Spina Bifida

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mongolian Facies

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 752X

22. *I hereby certify that I attended the deceased from* July 18, 1951, *to* July 19, 1951, *that I last saw the deceased alive on* July 19, 1951, *and that death occurred at* 11-55a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Elmer G. Grant M.D.
23b. ADDRESS 2838 So Grand Blvd
23c. DATE SIGNED 7/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-21-51
24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery
24d. LOCATION (City, town, or county) (State) St Louis County Mo.

DATE REC'D BY LOCAL REG. JUL 20 1951
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger Kirkwood **ADDRESS** 22 Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 William H Pfitzinger

Licensed Embalmer No. 4316

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.