

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10212

State File No. ....

|  |  |   |                       |   |                              |  |                            |  |
|--|--|---|-----------------------|---|------------------------------|--|----------------------------|--|
| BIRTH NO. ....   |  | REG. DIST. NO. <b>318</b>   |                       | PRIMARY REG. DIST. NO. <b>1003</b>  |                              | Registrar's No. <b>2111</b>  |                            |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  |   |                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY <b>St. Louis</b> |                              |  |                            |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place) <b>25</b>   |                       | c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>   |                              | 2259   |                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary</b>  |  |   |                       | d. STREET ADDRESS (If rural, give location) <b>205 1/2 So. Drury</b>  |                              |  |                            |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Max</b>  |  |   | a. (First) <b>Max</b> |   | b. (Middle) <b>KREIBBAUM</b> |  | c. (Last) <b>KREIBBAUM</b> |  |
| 4. DATE OF DEATH <b>FEB 28 - 1952</b>  |  | 9. AGE (In years last birthday) <b>85 or 74</b>   |                       | IF UNDER 1 YEAR<br>Months Days  |                              | IF UNDER 24 HRS.<br>Hours Min.   |                            |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |                       | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>   |                              | 8. DATE OF BIRTH <b>UNKNOWN</b>  |                            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNKNOWN</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>  |                       | 11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>  |                              | 12. CITIZEN OF WHAT COUNTRY? <b>4</b>  |                            |  |
| 13a. FATHER'S NAME <b>UNKNOWN</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>  |                       | 14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>  |                              |  |                            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>  |  | 16. SOCIAL SECURITY NO. <b>UNKNOWN</b>  |                       | 17. INFORMANT'S SIGNATURE OR NAME <b>Mr Repede</b> ADDRESS <b>2331 Mullonphy</b>  |                              |  |                            |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.          |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <b>Coronary Occlusion</b><br><br>DUE TO (c) <b>Coronary Sclerosis</b> |                       |   |                              | INTERVAL BETWEEN ONSET AND DEATH   |                            |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |                       |   |                              | 20. AUTOPSY<br>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)   |                              | 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? <b>4201</b>  |                       |   |                              |  |                            |  |
| 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 <b>7:45 Am.</b> , from the causes and on the date stated above. |  |   |                       |   |                              |  |                            |  |
| 23a. SIGNATURE <b>Max E. Ditzel</b> (Degree or title)  |  |   |                       | 23b. ADDRESS <b>1300 Christie</b>   |                              | 23c. DATE SIGNED <b>3/5/52</b>   |                            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  |  | 24b. DATE <b>MARCH 6 - 52</b>   |                       | 24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>   |                              | 24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>                   |                            |  |
| DATE REC'D BY LOCAL HEALTH DEPT. <b>MAR 5 1952</b>   |  | REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>  |                       | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Bullen-Kelly</b> ADDRESS <b>4386 Lindell</b>  |                              |  |                            |  |

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Students of Mortuary College*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James A. 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.