

FILED JUL 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26597
Registrar's No. 6918

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo		b. COUNTY 2179	
b. CITY OR TOWN ST. Louis Mo.		c. CITY OR TOWN ST. Louis		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3923 CLEVELAND AV.		e. STREET ADDRESS (If rural, give location) 17 3923 Cleveland Av			

3. NAME OF DECEASED (Type or Print) CARRIE-GREMMELSBACHER-KREINEST			4. DATE OF DEATH (Month) (Day) (Year) JULY-13-58		
5. SEX FE	6. COLOR OR RACE W.	7. MARRIAGE: NEVER MARRIED, WIDOWED, RE-MARRIED (Specify)	8. DATE OF BIRTH Dec-1-1863	9. AGE (In years) 87 YRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horsekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) GERMANY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME UNKNOWN ALBERS		13b. MOTHER'S MAIDEN NAME UNKNOWN MEYERS		14. NAME OF HUSBAND OR WIFE HENRY KREINEST.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gerhard R. Gremmelsbacher 3923 Cleveland	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Carcinoma (metastatic)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.	
		b. Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular				1 yr.	
		c. 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"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X	

22. I hereby certify that I attended the deceased from Jan 8, 1953, to July 8, 1958, that I last saw the deceased alive on July 2, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Sainbury M.D.		23b. ADDRESS 3548 Sidney St		23c. DATE SIGNED July 18-58	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE JULY-16-53		24c. NAME OF CEMETERY OR CREMATORY S.S.P. # Pauls CEM.	
				24d. LOCATION (City, town, or county) (State) St Louis MO	

DATE REC'D BY LOCAL REG. JUL 14 1958		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette Av.	
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *325 Lafayette*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.