

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 - 1953

State File No. **37351**
Registrar's No. **10190**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10190	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 1/2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		43078	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hospital				d. STREET ADDRESS (If rural, give location) 6335 Minnie Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) W. c. (Last) Kring			4. DATE OF DEATH (Month) (Day) (Year) October 24 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 6 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Corn Products		11. BIRTHPLACE (City and State or Foreign Country) Freeburg Ills		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Carl Kring		13b. MOTHER'S MAIDEN NAME Bertha Mark		14. NAME OF HUSBAND OR WIFE Viola B Kring			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Edwin W. Kring ADDRESS 6335 Minnie Ave			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease Right lower lobe pneumonia				INTERVAL BETWEEN ONSET AND DEATH 5 days 6-8 yrs - 4 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 331X			
22. I hereby certify that I attended the deceased from 10-21 , 19 53 , to 10-24 , 19 53 , that I last saw the deceased alive on 10-24 , 19 53 , and that death occurred at 11 A m. , from the causes and on the date stated above.							
23a. SIGNATURE Keith Seibison MD (Degree or title) MD			23b. ADDRESS 4952 Maryland Ave			23c. DATE SIGNED 10-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE October 27 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo	
DATE REC'D BY LOCAL REG. OCT 27 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Feutz ADDRESS 4828 Nat B Lodge Bldg			

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

2 PM

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 _____

Ralph C. Linders

Licensed Embalmer No. 4275

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.