

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34931

State File No.

FILED OCT 27 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8777

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Brentwood 451	
d. FULL NAME OF HOSPITAL OR INSTITUTION Railway Exchange Bldg. 611 Olive St.		e. STREET ADDRESS 8636 Eulalie Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First)		b. (Middle) N.	
c. (Last) KREYLING		4. DATE OF DEATH Oct. 7 1955		(Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 26, 1905		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Mgr. - M. & E. R.R. Co.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME David Kreyling		13b. MOTHER'S MAIDEN NAME Ann Giegling		14. NAME OF HUSBAND OR WIFE Grace Kreyling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Grace Kreyling 8636 Eulalie Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Coronary Insufficiency</i>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Insufficiency</i>		INTERVAL BETWEEN ONSET AND DEATH <i>One hour</i>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or condition which caused death.		ANTECEDENT CAUSES As a result of conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
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 <i>420.1</i>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>10-7, 1955</u> , to <u>10-7, 1955</u> , that I last saw the deceased alive on <u>10-7, 1955</u> , and that death occurred at <u>11:05 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Carl R. Rice M.D.</i>		(Degree or title)		23b. ADDRESS <i>611 Olive Street</i>	
23c. DATE SIGNED <i>10-7-55</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 10, 1955	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. OCT 7 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.	
		ADDRESS			

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 *Edwin A. M. Demarest*.....

Licensed Embalmer No. *30*.....

P. O. Address

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.