

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38491

State File No.

FILED NOV 18 1955

318

1003

Registrar's No. **9865**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 Year - 4 Mo		c. CITY OR TOWN St. Louis.		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital.				e. STREET ADDRESS (If rural, give location) 1917 E. Obear Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) D c. (Last) Krieger.			4. DATE OF DEATH (Month) (Day) (Year) November 11, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH April 4, 1871	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker			10b. KIND OF BUSINESS OR INDUSTRY (Retired)		11. BIRTHPLACE (City and State or Foreign Country) Augusta Neuman.		12. CITIZEN OF WHAT COUNTRY? American
13a. FATHER'S NAME ? Krieger.			13b. MOTHER'S MAIDEN NAME Ellen Eisenhart.		14. NAME OF HUSBAND OR WIFE Augusta Krieger.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-05-0511A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Augusta Krieger, 1917 E. Obear Ave			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis, multiple					years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis					years
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) X Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 334 x			
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 June 25, 1954 , to November 11, 1955 that I last saw the deceased alive on November 14, 1955 , and that death occurred at 10:38 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George M. Janaka, MD				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED Nov. 12, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal via motor		24b. DATE Nov 14 1955		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) (State) St. Clair Missouri	
DATE REC'D BY LOCAL REG. NOV 14 1955		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av			

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

(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,
Signature of Student Embalmer

Signed *Clement McManis*

Licensed Embalmer No. *37*

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