

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29425

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1970

|  |  |   |                                 |
|--|--|---|---------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |                                 |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> |  | c. LENGTH OF STAY (in this place) <u>4049</u> yrs.  | c. CITY OR TOWN <u>Ferguson</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>430 Calverton Rd.</u>                             |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>                        |                                 |
|  |  | e. STREET ADDRESS (If rural, give location) <u>430 Calverton Rd.</u>  |                                 |

|                                     |                          |                              |                        |   |
|-------------------------------------|--------------------------|------------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Amelia</u> | b. (Middle) <u>Henrietta</u> | c. (Last) <u>Kring</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1956.</u> |
|-------------------------------------|--------------------------|------------------------------|------------------------|---|

|                      |                               |   |  |   |                        |                      |       |      |
|----------------------|-------------------------------|---|--|---|------------------------|----------------------|-------|------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept. 23, 1866</u> | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | Hours | Min. |
|----------------------|-------------------------------|---|--|---|------------------------|----------------------|-------|------|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Millstadt, Illinois.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|---|--|--|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>Phillip Baltz</u> | 13b. MOTHER'S MAIDEN NAME <u>Amelia Braun</u> | 14. NAME OF HUSBAND OR WIFE <u>Eugene Kring</u> |
|---|---|---|

|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Catherine Brenner, Ferguson, Mo.</u> |
|--|-------------------------------------|---|

|   |   |  |  |
|---|---|--|--|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>   |  | <u>12 yrs.</u>                                 |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis generalized</u><br>DUE TO (c) |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 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) <u>4201</u> |
|--|--|---|

|   |   |                            |
|---|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|---|----------------------------|

22. I hereby certify that I attended the deceased from June, 1956, to Aug 18, 1956, that I last saw the deceased alive on Aug 18, 1956, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>M. D. Johnson</u> (Degree or title) | 23b. ADDRESS <u>Ferguson Mo</u> | 23c. DATE SIGNED <u>8-19-56</u> |
|---|---------------------------------|---------------------------------|

|  |                           |   |   |
|--|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>8-20-56.</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
|--|---------------------------|---|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>8-19-56</u> | REGISTRAR'S SIGNATURE <u>Hebeal R. Hanke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WHITE CHAPEL, FERGUSON, MO.</u> |
|---|--|---|

(Licensed Embalmer's Signature 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Eleanora Province*

Licensed Embalmer No. *3463*

P. O. Address *Jennings*

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.