FILED JUN 4 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019355
State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 2 5108

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Altenheim

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 5408 S Bdway

3. NAME OF DECEASED (Type or Print)
a. (First) Lillie
b. (Middle) Kreihohm
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) May 26, 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 4/27/1871
9. AGE (In years last birthday) 88 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ----- Hammerstein
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Eugene Kreihohm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unk
17. INFORMANT'S SIGNATURE OR NAME St. Louis Altenheim **ADDRESS** 5408 S Bdway

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 34 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — ?
DUE TO (c) Hypertension 331X — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had 1st stroke 1951

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) St Louis (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5-29, 1954, *to* May 26, 1959, *that I last saw the deceased alive on* May 26, 1959, *and that death occurred at* 12:12 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Max Starkoff MD (Degree or title)
23b. ADDRESS 5102 Dover Place
23c. DATE SIGNED 5/27/59

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5/27/59
24c. NAME OF CEMETERY OR CREMATORY Sunset
24d. LOCATION (City, town, or county) St. Louis County, Mo (State)

DATE REC'D BY LOCAL REG. MAY 27 '59
REGISTRAR'S SIGNATURE Hoard Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Edward Fendler **ADDRESS** 5611 South Grand Blvd.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed J. W. Humphrey

Signed.....
Student Embalmer

Licensed Embalmer No. 477

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.