

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023103

STATE FILE NUMBER

2 4951

FILED JUN 19 1959

Registration District No.

Primary Registration District No.

Registrar No.

S. 300

7. 1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Ferguson 4109</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		Length of stay in lb <b>1 Day</b>	d. STREET ADDRESS <b>506 Averill Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>W.</b> Last <b>Kreienkamp</b>			4. DATE OF DEATH Month <b>5</b> Day <b>20</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 24, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Painter (ret.)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	9. AGE (In years last birthday) <b>73</b>
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Christian Kreienkamp</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Hansjuergens</b>	14. NAME OF HUSBAND OR WIFE <b>Alma Kreienkamp</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-09-5138</b>	17. INFORMANT Address <b>Mrs. Alma Kreienkamp, 506 Averill</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral apoplexy</b>			INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>
Conditions, if any, which gave rise to above cause (b) <b>Generalized arteriosclerosis</b>			<b>3 years</b>
DUE TO (c) <b>also Fracture of left hip in fall</b>			<b>36 hours</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fall beside bed when stroke occurred.</b>	
20c. TIME OF INJURY Hour <b>3:00</b> a.m. Month, Day, Year <b>5/19/59</b>		<b>334XF</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>in home</b>	20f. CITY, TOWN, OR LOCATION <b>Ferguson</b> COUNTY <b>St. Louis</b> STATE <b>Mo.</b>
21. I attended the deceased from <b>3/5/59</b> to <b>5/20/59</b> and last saw him alive on <b>5/20/59</b> Death occurred at <b>12:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J.C. Huebner MD</b>		22b. ADDRESS <b>111 Church St. Ferguson Mo</b>	22c. DATE SIGNED <b>5/21/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>5/23/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cem.</b>
24. FUNERAL DIRECTOR <b>Drehmann-Harral, 1905 Union Blvd.</b>		23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>	23e. STATE <b>Mo.</b>
25. DATE RECD. BY LOCAL REG. <b>MAY 21 '59</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

LR. T. E. KUEBRICK  
111 CHURCH RD.  
HRS. THURS. 9-11 A.M.

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 *Albert R. Thompson* .....

Licensed Embalmer No. *4237* .....  
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.