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59-042112

FILED VS DEC 7 1959

STATE FILE NUMBER

2.10276

RECEIVED

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1 Month		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Spanish Lake Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) 1132 Maple Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		e. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____	

3. NAME OF DECEASED (Type or print) First HENRY Middle John Last KREIKEMEIER			4. DATE OF DEATH Month Nov. Day 7. Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/8/85	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Public Accounting		11. BIRTHPLACE (City and state or country) Fayetteville, Ill.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Adolph Kreikemeier		13b. MOTHER'S MAIDEN NAME Gertrude Hartlage	
14. NAME OF HUSBAND OR WIFE Elma Sauerbrunn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492-05-7041	
17. INFORMANT George Kreikemeier #4 Ballerive Acre		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bil Pulmonary Infarcts Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombophlebitis R. Femoral DUE TO (c) Cerebral Hemorrhage		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.) 464x	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		20g. COUNTY _____		20h. STATE _____	
21. I attended the deceased from 10-7-59 to 11-7-59 and last saw him alive on 11-7-59 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 730 Hodkinson		22c. DATE SIGNED 11/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/10/59		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis		23e. STATE Mo.		23f. COUNTY Mo.	
24. FUNERAL DIRECTOR <i>[Signature]</i>		25. DATE RECD. BY LOCAL REG. 11-9-1959		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

James G. Lamme

Licensed Embalmer No. 4142

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.