

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-004458

FILED VS FEB 15 1960 317 Primary Registration District No. 547 Registrar's No. 385 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in 1b 31 yrs	c. CITY OR TOWN Richmond Heights Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1081 Terrace Drive		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1081 Terrace Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LOUIS. Middle H Last KRIETMEYER			4. DATE OF DEATH Month Feb. Day 4th Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 22, 1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 3 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Broker		10b. KIND OF BUSINESS OR INDUSTRY Semple Jacobs Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Louis A. H. Krietmeyer		13b. MOTHER'S MAIDEN NAME Elizabeth Duecker		14. NAME OF HUSBAND OR WIFE Elsie Krietmeyer	
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. 494-01-6194	17. INFORMANT Address Elsie Krietmeyer 1081 Terrace Dr.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Infarction approx 30 Min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Arteriosclerotic Heart Disease	
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Angina Pectoris; Obesity; Essential Hypertension		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	
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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.)	
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	COUNTY STATE

21. I attended the deceased from **Jan 16, 1959** to **Feb 4, 1960** and last saw ^{her} **alive** on **12-19-59**
Death occurred at **5 A.M.** **A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph V. O'Donnell M.D.	22b. ADDRESS 539 N. Grand-Station Mo	22c. DATE SIGNED 2/5/60
23a. BURIAL CREMATION REMOVAL	23b. DATE Feb. 6, 1960	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

24. FUNERAL DIRECTOR A. H. Bocklage	ADDRESS 6536 Clayton Rd.	25. DATE RECD. BY LOCAL REG. 2-6-60	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 26 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jerry Smiley
Licensed Embalmer No. 265
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.