

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-034576

AMENDED

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

8133

STATE FILE NUMBER

FILED SEP 18 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE				b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,				Length of stay in 1b				c. CITY OR TOWN St. Louis,							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6411 Arsenal Str.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				d. STREET ADDRESS (If outside, give location) 6411 Arsenal Str.							
3. NAME OF DECEASED (Type or print) First Middle Last CHESTER J KRIBS				4. DATE OF DEATH Month Day Year Sept. 1st, 1961											
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 4-12-1900		9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self				10b. KIND OF BUSINESS OR INDUSTRY Electric Repair Wk.				11. BIRTHPLACE (City and state or country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Joseph Kribs				13b. MOTHER'S MAIDEN NAME Josephine Decker				14. NAME OF HUSBAND OR WIFE Cora C. Kribs							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No no				16. SOCIAL SECURITY NO.				17. INFORMANT Cora C. Kribs-6411 Arsenal Str.				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Occlude. -										INTERVAL BETWEEN ONSET AND DEATH 24 hrs					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis general.										7 years					
DUE TO (c) Hypertension										5 1/2 "					
DUE TO (c) Obesity										20 "					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 287 X										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 type="checkbox"/> NO <input checked="" 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 19 38 to Aug 5 - 1961 and last saw her alive on Aug 5 - 1961 Death occurred at 7:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) Alvah H. Hedeman						22b. ADDRESS 508 N Grand						22c. DATE SIGNED 9-1-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept. 5, 1961		23c. NAME OF CEMETERY OR CREMATORY Resurrection				23d. LOCATION (City, town, or county) St. Louis County, Mo.							
24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway Blvd.						25. DATE RECD. BY LOCAL REG. SEP 1 1961		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.							

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 Edmund A. McAlerritt

Licensed Embalmer No. 3024

P. O. Address _____

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.