MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-006101
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 49

FILED MAR 5 1962

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. FRANCIS HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN
c. CITY OR TOWN UNION — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 109 LINCOLN — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LOUIS Middle R. Last KRIEGE
4. DATE OF DEATH Month FEB. Day 23, Year 1962
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JAN. 22, 1888
9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months 1 Days 1 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) UNION, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME RUDOLPH KRIEGE
13b. MOTHER'S MAIDEN NAME MARY HOLLMANN
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of servi
16. SOCIAL SECURITY NO. 8
17. INFORMANT MRS. MINNIE ROTH Address R.R. UNION, MO.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Arteriosclerotic heart disease — 2 yrs?
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Acute psychotic depression
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1960, to 2/22/62 and last saw her/him alive on 2/23/62
Death occurred at 1:20 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS Union Mo
22c. DATE SIGNED 2/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB. 26, 1962
23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S MANTELS
23d. LOCATION (City, town, or county) UNION (State) MO.

24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME ADDRESS UNION, MO.
25. DATE RECD. BY LOCAL REG. 2/26/62
26. REGISTRAR'S SIGNATURE Leola C. Hudmann

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

DEC 27 1962

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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

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.