# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-037098

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2833 STATE FILE NUMBER

FILED OCT 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

| | |
|---|---|
| 1 | 4000 |
| 2 | 4000 |
| 3 | |
| 4 | 0 |
| 5 | 0 |
| 6 | |
| 7 | 0 |
| 8 | 2 |
| 9 | 162.1 |
| 10 | |
| 11 | |
| 12 | 90-0 |
| 13 | |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meramec — Length of stay in 1b 73 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1½ mi. N.E. of Pacific — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN R.R.#1 – Pacific, Mo — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1½ Mi. N.E. of Pacific — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Edward Henry Kreienkamp

4. DATE OF DEATH Month Day Year: 9 - 30 - 62

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-26-1883
9. AGE (last birthday): 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Allenton, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Kreienkamp
13b. MOTHER'S MAIDEN NAME: Selna (Grah)
14. NAME OF HUSBAND OR WIFE: Not married

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.: None
17. INFORMANT Address: Sister: Emma Kreienkamp – Pacific, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Sinks —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) & Malaise —
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis — Dropsy of cervical gland pistol
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 1 Jan 62 to Sept 30-62 and last saw her/him alive on Sept 30-1962
Death occurred at 5-30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. Becker MD
22b. ADDRESS: Pacific Mo.
22c. DATE SIGNED: 10/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 10-2-1962
23c. NAME OF CEMETERY OR CREMATORY: Sunset Cemetery
23d. LOCATION (City, town, or county) (State): Pacific, Missouri

24. FUNERAL DIRECTOR ADDRESS: Bell Funeral Home – Pacific Mo
25. DATE RECD. BY LOCAL REG.: 10-1-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

**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,

~~xxxx~~ Byron J. Bell, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Byron J. Bell

Licensed Embalmer No. 4977

P. O. Address Pacific, Missouri

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.