WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 26 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8025

1. PLACE OF DEATH

37 County Gasconade — Registration District No. 305 — File No. —

Township Brush Creek — Primary Registration District No. 5423 — Registered No. 5

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Henry F. Kreter

(a) Residence, No. ..... Bem, Mo St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Mary Kreter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 - 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 164

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pershing Mo 1

FATHER

13. NAME Emil Kreter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Mo 8

MOTHER

15. MAIDEN NAME Mary Krueger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Samuel Kreter Owensville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Owensville DATE Mar. 24 1932

19. UNDERTAKER (ADDRESS) W. F. Gottenstroeter Owensville Mo

20. FILED Apr. 1 1932 F. J. Ferrell Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1932, to Mar. 1932

I last saw him alive on March 20 1932 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilitation from Malignant Hypertensive Disease

Date of onset

Other contributory causes of importance:

95 B 95 B ①

102

Name of operation ..... Date of .....

What test confirmed diagnosis? B.P. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Edw. Mellies Jr., M. D.

(Address) Owensville, Mo. Jn