

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32437
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **5533 Rhodes Ave**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bertha E. Kreh**

(a) Residence, No. **5533 Rhodes** St. **2** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF **Anton W. Kreh** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 4. 1860**

7. AGE YEARS **77** MONTHS **1** DAYS **4** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

13. NAME **L. Henecke**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Louis Kreh** (ADDRESS) **5533 Rhodes**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New ST Marcus** DATE **Sept 11 87**

19. FUNERAL DIRECTOR **Shor Ruttis** (ADDRESS) **2906 Gravois Ave**

20. FILE **SEP 9 1937** **Bredbeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 8 1937**

22. I HEREBY CERTIFY, That, I attended deceased from **May 1937** to **Sept 8 1937**

I last saw him alive on **Sept 8 1937** Death is said to have occurred on the date stated above, at **3:10 P.M.**

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

Arteriosclerosis
Senility
1937

Other contributory causes of importance
Chronic Suppurative
Chronic Nephritis

Name of operation **O.** Date of
 What test confirmed diagnosis? **Clinical** 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) **Arnold S. Klein** M. D.
 (Address) **2632 First St. Philadelphia**

Arnold Klein
1-3

STATEMENT BY LICENSED EMBALMER

I, THOS. KUTIS, Licensed Embalmer No. 1619
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
THOS KUTIS L. E. 1619
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Thos. Kutis

Licensed Embalmer No. 1619

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.)