

FEB 16 1938

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

4088
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township _____ Primary Registration District No. _____
(c) City Rich Hghts (d) Street No. St. Mary's Hospital Registered No. 49
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Oran M. Kreiter 686
(a) Residence, No. 603 N. Skinker Rd. St. Missouri Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/6/38, 1938

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

22. HEREBY CERTIFY That I attended deceased from Dec 9, 1937, to Jan 6, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1872

I last saw h. alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 3 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 3 -- -- --

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

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

Pneumonia
1860
9
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Carl Kreiter

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mary Jane Kreiter
603 N. Skinker Road

Name of operation Chained Date of Jan 6
What test confirmed diagnosis Autopsy Was there an autopsy yes

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? with pneumonia
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Memorial Park Cemetery
DATE Jan. 8, 1938

Manner of injury Fall from ship ladder
Nature of injury Distillation of fluids

19. FUNERAL DIRECTOR (ADDRESS) R. N. McLaughlin
2301 Lafayette Avenue

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. J. McLaughlin, M. D.

20. FILED 17 1938
Theodore McLaughlin
Deputy City Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96
9
2

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed L.R. Cooper
Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)