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

9142
Do not use this space.

REC'T APR 11 1938

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2731
(c) City St. Louis (d) Street No. 3807 N. 25th Street St.
(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 HENRY KREFT 613
(a) Residence, No. 3807 N. 25th Street St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise Kreft (Hussmann)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 21, 1861

7. AGE: YEARS 76 | MONTHS 6 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Steel Worker
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) (STATE OR COUNTRY): Germany 6

FATHER
13. NAME: Not Known 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Sherman Boling, 3807 N. 25th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friedens DATE: Mar. 24, 1938

19. FUNERAL DIRECTOR (ADDRESS): Math. Hermann & Son, 2161 East Fair Avenue

20. FILED ..... 19 ..... J. D. Bredeck, Local Registrar

MAR 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1937, to 3-21-, 1938
I last saw him alive on 3-21-, 1938. Death is said to have occurred on the date stated above, at 12.40 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMMORRHAGE Lt.	3-17-38
BRONCHO PNEUMONIA BILAT.	3-19-38

Other contributory causes of importance:
MYOCARDITIS CHR.
ARTERIO SCLEROSIS

Name of operation: NONE Date of
What test confirmed diagnosis? PHYSICAL EX 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) [signature], M.D.
(Address) 1 S 905 Cherokee St

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buchholz L. E.

No. ..... or by ....., Registered Apprentice No. ~~2110~~

working under my personal supervision.

Signed William G. Buchh

Licensed Embalmer No. 2110

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