

OCT 14 1938

NOV 4 1938

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

36889  
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis / Registration District No. 784  
 (b) Township Carondelet / Primary Registration District No. 200 Registered No. 1667  
 (c) City Jefferson Barracks / (d) Street No. Veterans Hospital 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 Elmer L. KRETZER

(a) Residence, No. 4918 Wabada Ave., St. Louis, Mo. St.   
 (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 Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Helen Kretzer (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1894

7. AGE YEARS 44 MONTHS 6 DAYS 12 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Civil Engineer  
 9. Industry or business in which work was done, as saw mill, bank, etc. East St. Louis Light & Power Co.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

FATHER 13. NAME Fred W. Kretzer

14. BIRTHPLACE (CITY OR TOWN) St. Louis Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nora Jostrand

16. BIRTHPLACE (CITY OR TOWN) St. Louis Missouri (STATE OR COUNTRY)

17. INFORMANT Clinical Clerk, VAF Jeff. Bks., Missouri (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Oct. 15, 1938

19. FUNERAL DIRECTOR C. Hoffmeister Und. & L. Co. (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED OCT 14 1938 W.R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1938, to October 13, 1938

I last saw him alive on October 13, 1938 Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Tuberculosis, pulmonary, chronic, active, Far advanced. (C)

Date of onset

Unkn.

Other contributory causes of importance: 23  
None

Name of operation None  
Phys. Clinica Inf. and Laboratory  
 What test confirmed diagnosis? 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? If so, specify

(Signed) C. W. Hughes Chf. of Msd., M. D.  
Jeff. Barracks, Mo. (Address) Veterans Adm. Officer

B.C. (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.

SEP 17 1949

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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

..... L. E. ....

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

Signed .....

Licensed Embalmer No. ....

**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.)**